

**HOW EASTERN AFRO-CARIBBEAN WOMEN REPORT ABOUT THEIR INTIMATE  
RELATIONSHIPS: A DESCRIPTIVE AND CORRELATIONAL STUDY**

by

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Little published research describes views of intimate heterosexual relationships among non-Western samples of women. This study represents a first attempt to document Afro-Caribbean women's views about their intimate relationships. A small sample of 53 Afro-Caribbean women from the island of Barbados were interviewed in their homes for a larger study of body image. Included in the measures were questionnaires about the extent to which women's expectations were or were not met in their current heterosexual relationships and if symptoms of depression were experienced. The women in this study generally reported, like Western women, that their relationships met their expectations (whatever those expectations may have been), that they contributed more positive than negative behaviors to the relationship, and that they experienced mostly mild or infrequent depressive symptoms. Unlike findings for Western samples, however, neither relationship duration, women's level of education, nor the extent to which they reported depressive symptoms covaried with whether they reported that their expectations were met or not. In summary, this study did not shed light on possible sources of Afro-Caribbean women's relationship satisfaction, although it potentially ruled out a few. An ethnographic approach to further research on this population was recommended.

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## **1.0 INTRODUCTION**

The expectations and satisfaction of Western women in their intimate, heterosexual relationships have been extensively investigated (e.g., Aries, 1996; Burleson, Kunkel, Samter & Werking, 1996; Rosenthal & DePaulo, 1979; Sabatelli & Harding, 2003; Wright & Busby, 1997). There are several reasons why it is important to study relationship variables among heterosexual women. Women tend to spend more time thinking and talking about their relationships and are socially expected to take on the role of maintaining their relationships (Acitelli, 1992). Women's physical and psychological health has been found to be more closely tied to their relationship satisfaction than is men's, and when an intimate relationship is in trouble, the wife often assumes the role of relationship repair whereas the husband more often withdraws (Levenson, 1993). Fower (1991) noted that women tend to feel a stronger connection with their relationship roles, but report lower relationship satisfaction than men.

Women are also more likely than men to initiate separations and divorces (Greeff & Malherbe, 2001). The increase in divorce over the latter part of the twentieth century was partly attributed to the fact that, with greater economic independence, women were no longer willing to remain in relationships that were not satisfying (Diedrick, 1991; Rampage, 2002). Hatchett's (1991) cross-sectional study of a national sample of African American women assessed participants' responses to the survey item, "There are so few good marriages these days that I

don't know if I want to be married.” She found that 40% of the women, who varied widely in age, education and marital status, endorsed it.

The increase in divorce may also be related to standards or expectations that women hold for their relationships. Women have a greater desire than men for social intimacy and there is a strong correlation between women's reported experience of social intimacy and their marital satisfaction (Greeff & Malherbe, 2001). Researchers have noted that when women report being able to disclose intimate information with a partner, they also tend to report greater relationship satisfaction (Antill & Cotton, 1987; Rosenthal & DePaulo, 1979).

When women have their expectations or standards for verbal intimacy and engagement met in their relationships, they tend to be more satisfied (Buunk, Vanperen, Taylor, & Collins, 1991; Rosenfeld & Bowmen, 1991). Conversely, when their expectations for relationship management behaviors such as communication are not met (i.e., not being able to share feelings on various topics including disappointments or disagreements), women experience the relationship as more dissatisfying (Marchand, 2004; Wright & Busby, 1997).

Vangelisti and Daly (1997) argued that women tend to view their relationships from an interdependent perspective. When they are in relationships in which they perceive mutual dependence and in which behaviors they view as being important to the relationship (e.g., communication of feelings) are matched by their partners, they tend to view both self and relationship more positively (Buunk, Vanperen, & Collins, 1991; Saitzyk, Floyd & Kroll, 1997; Sabatelli & Harding, 2003; Vangelisti & Daly, 1997). Women also report greater marital satisfaction in relationships viewed as equitable. In a relationship that is equitable women feel that the behaviors that they demonstrate toward their partners are being matched by their partner's own behaviors.

One way to conceptualize relationship satisfaction is the extent to which one's expectations of the relationship are met, exceeded, or not met. A number of relationship measures use this as their indicator of relationship satisfaction (Larzelere & Huston, 1980; Sabatelli 1984; Sabatelli & Barite-Haring, 2003). The cultural "relativity" of focusing on "expectations" may help to minimize differences across culture in women's report of their "satisfaction" with the relationship, since culture shapes both expectations and relationships.

In summary, when women report having their expectations met, and experience less separateness, more togetherness, connection, and intimacy with their partners, their relationships are experienced as more satisfying (Acitelli & Antonucci, 1994; Canary & Stafford, 1992; Flora & Segrin, 2000; Sabatelli & Barite-Haring, 2003; Vangelisti & Daly, 1997). In turn, when women report experiencing more togetherness, relationship struggles are more often regarded as being part of the process of developing a satisfying relationship (Flora & Segrin, 2000).

## **1.1 REPORT VERSUS OBSERVATION**

In the study of intimate heterosexual relationship satisfaction a variety of methods for data collection are employed, including self report and other report ("insider information") as well as observation data ("outsider information"; Carlson, 1995; Olson, 1981; Olson, Sprenkle, & Russell, 1979). These data can provide information that is somewhat useful not only in predicting future relationship satisfaction, but also in predicting the dissolution of relationships (Fowers & Olson, 1986; Gottman, 1994; Larsen & Olson, 1989).

Each approach has its own strengths and weaknesses and measures different phenomena, which causes a lack of agreement across measures. Floyd and Markman (1983), for example,

used both observations and partner ratings in a study of distressed and nondistressed couples (N=16). The participants in both groups had no significant difference in age (M=31.03 years) or length of marriage (7.49 years). These researchers incorporated videotaping partners completing two vignettes from the *Inventory of Marital Conflicts* and discussing the primary problem area in their relationship. Each couple had two different observational ratings: both insider ratings (spouses rating each other's behaviors) and an outsider's rating (observer). Results showed that a spouse's ratings of his or her partner's behavior were not consistent with the observer's ratings of that partner, but could be predicted by the observer's rating of that same spouse's own behavior. In other words, how an adult perceived his or her partner told more about that adult's own interactive behavior than it did about the partner's behavior.

Both self-report instruments and observational methods reveal relationship satisfaction versus dissatisfaction to be mildly to moderately associated with such variables as communication style, depression symptoms, length of marriage, level of education and degree of co-parenting (Dickey, 1996; Jacob & Tennenbaum, 1988; Wampler & Halverson, 1993). In general, however, self-report measures covary most consistently with other self-report measures and observation measures with other observation measures.

Self-report measures are reliant upon the perceptions of the reporter and factors that shape his or her perceptions (Wampler & Halverson, 1993). Self-reporting thus varies by "people" factors (e.g., emotionality, defensiveness, hostility) and cultural factors (e.g. emphasis on cooperation vs. competition, maintaining a "stiff upper lip" or expecting sympathy). When self-reporting, people tend to respond in socially desirable ways and can only represent one person's perception. Without corresponding observations, self-report is extremely limited in capturing

qualities of a relationship and, as an index of relationship quality has a long history of criticism (Hill, 1965, Huston & Robbins, 1982).

Most experts agree that observational data provide a more valid and representative approach when studying couple relationships (Markman & Notarius, 1987; Schumm, 1990, 2001). Observational data allow the researcher to control certain environmental variables, to gain direct access to couple interaction, and to observe both partners' contributions to relationship functioning (Gottman, 1994).

Observational methods have their own deficiencies, however. Observers are unlikely to observe all or even most of the key behaviors that occur between a couple. These may only occur in private, particularly extreme behaviors such as verbal or physical abuse. It is also important for validity and reliability of the measures used that definitions of the behaviors being assessed are clearly outlined and that there is consistency of the setting and tasks required of the participants. Consistency of coding across coders, will be affected by culture, ethnicity, history, and experience of both themselves and the couples being observed (Copeland & White, 1991). Additionally, observational research data collection can be subjectively threatened by the deliberate and/or unconscious distortion of coders (Bauman, Roman, Borello, & Meltzer, 1967). "Coder distortion might be generated by the coder's own relationship challenges, personal beliefs and values, social prejudices, and distraction (Gilbert & Christensen, 1985)."

In conclusion, when individuals report certain attitudes, behaviors, expectations and experiences, it may say little about what an outsider would observe, more about their cultural context, and most about who they are as sentient adults. It is not a "relationship" measure, but an individual's (public) opinion about being in a particular, relationship. Thus, self-report offers a window-- however "distorted" it may be--on one person's current and past defenses, perceptions,

and experiences, and is a legitimate focus of inquiry for scientific study. As noted already, there is value in understanding how women, in particular perceive their heterosexual relationships. This is the exclusive focus of the current investigation: not the quality of Afro-Caribbean relationships, but feelings and attitudes of native Afro-Caribbean women in a current heterosexual relationship.

## **1.2 THE OMISSION OF ETHNIC REPRESENTATION**

Although marital satisfaction has been the subject of endless empirical study throughout the years, much of the research has been conducted more or less exclusively with Anglo samples. Reliance on Anglo samples has imposed a Eurocentric standard for measuring partner attitudes and satisfaction. This implies that the ideals, values, and standards found in the Anglo population are representative of partner functioning in relationships for all races in all cultures. From this vantage point, relationship attitudes and satisfaction within other cultures tend to be viewed as deviant, given cultural variations in intimate relationship expectations values, ideals, and standards (Bell, Bouie, & Baldwin, 1990). Relationship satisfaction research that takes into account ethnic/cultural values and social norms from minority populations remains limited.

In Indian cultures, for example, parents are responsible for identifying mates for their adolescents or children. Although modern standards based on Eurocentric values suggest that individuals should be responsible for their own mate selection, many Indian women prefer to comply with the selection of their parents (Qadir, De Silva, Prince & Khan, 2005).

In recent years, investigators have expanded their sampling efforts in relationship research to include a variety of ethnicities (e.g., Barrow, 2001; Bryant, Taylor, Lincoln, Chatters



& Jackson, 2008; Gregory, 2008). Contemporary researchers, for instance, have found that Israeli women experience greater relationship satisfaction when they report experiencing togetherness and connection in their relationships by participating in decision-making with their significant other (Rabin & Shapira-Berman, 1997). A recent study of Pakistani women found that some women experience marital dissatisfaction when they feel unable to engage in behaviors that incorporate decision-making and the choice of a partner. Women in this latter study reported that their marital satisfaction would increase if they were treated as equals, and could laugh and “be friends with” their spouses (Qadir, De Silva, Prince & Khan, 2005).

A review of the limited studies on intimate relationship among African Americans, indicates that, even here, there are still significant methodological limitations, including failure to study non-problematic relationships or even to sample middle-class African-American couples (Dickerson, 1994). Gottman and Notarius (2002) confirmed this state of affairs in their review of marital research conducted in the twentieth century. They identified omissions of ethnic representation and proposed that, in the twenty-first century, relationship research should include representative samples of various ethnic groups.

The lack of research conducted with ethnic samples is also evident among minority groups such as Afro-Caribbeans, which have had extremely limited representation in the study of marital and intimate relationship attitudes and satisfaction. Both Bercheid (1999) and Gains, Matthies, and Ramkisoon (2003) referred to the most recent efforts made to conduct research on personal relationships in the Caribbean as, “still being in its infancy” and “barely progressing beyond conception.” While recent research efforts are beginning to tap into the Afro-Caribbean population, the efforts thus far have tended to focus on issues pertaining to mental health concerns such as depression, seeking and accessing mental health treatment, and recommending

mental health treatment (Jackson, Neighbors, Torres, Martin, Williams & Baser, 2007; Williams, Haile, Gonzalez, Neighbors, Baser & Jackson, 2007).

Looking at marital and intimate relationship expectations, contributions and/or satisfaction among other ethnic groups is an important endeavor from a therapeutic perspective as well as a research perspective. Many of the treatment modalities that have proven useful in providing support for partners in marital/intimate relationships in Western society may have limited generalizability to populations that espouse different social norms for intimate relationships. It is therefore of some importance to ascertain how both cultural and individual “norms” vary for partners in intimate heterosexual relationships.

### **1.3 CURRENT TRENDS OF MARRIAGE AND COHABITATION IN AFRO-CARIBBEAN RELATIONSHIPS**

The Eastern Caribbean consists of a chain of small islands referred to as the Leeward Islands because of the prevailing winds that blow from the east to west (e.g., Saint Kitts, Montserrat, Antigua, Guadeloupe, and Saint Martin), the Windward Islands, known for being more windward to sailing ships that arrived to the new world (e.g., Dominica, Saint Vincent, Grenada), and the Continental Islands (e.g., Barbados, Tobago, and Trinidad). Across all of these islands, there is a mixture of cultures and languages, including English, French, and Dutch. Island populations range from under 100,000 to over 400,000 inhabitants and have economies based on tourism, agriculture and a variety of smaller industries.

Although many of these islands have a strong representation of people of African descent, other ethnicities are common (e.g., Anglo and Indian). In Barbados for example, 90% of

the natives are of African descent (known as Afro-Caribbean) whereas 4% are Anglo and 6% are of various other ethnicities, including Indian.

Barbados is a West Indian Continental island-nation that gained full independence from Britain and whose economy for most of the 20<sup>th</sup> century has been securely based on the sugar, rum, and molasses industries. The island is divided into eleven primary subdivisions known as parishes, which had a cumulative population of approximately 270, 000 in 2005 (Library of Congress Country Studies, 1989; United States Census Bureau, International Data Base, 2005).

On Barbados, as on other West Indian islands, marital rates have historically been low since at least 1891, when the marriage rate averaged only 5.4 per 1000. Early in Caribbean history, common law unions were favored over marriage, probably as a result of issues pertaining to enslavement. Marriage was pursued primarily by aristocrats. By 1995 marriage rates had increased only to 13.4 per 1000. In 1985 a total of 316 divorcees remarried but in 1995 the number increased to 1,470 (Barrow, 2001). However, in a sample of Afro-Caribbean professional women, Gregory (2008) noted that, of the 90% of women in relationships in her study, all were cohabitating. Likewise in Powell's (1986) qualitative conjugal study of Afro-Caribbean women's response to familial experiences on the island of Barbados, 44% of the women in her sample had been cohabitating for five years or more. Clearly, cohabitating is still a favored option in romantic relationships among Caribbean women, although interest in marriage has increased.

The familial roles of Afro-Caribbean women--both married and cohabitating--tend to be very traditional (Baptiste, Hardy & Lewis, 1997; Barrow, 2001). Most Afro-Caribbean women in relationships are solely responsible for child care and household maintenance. However,

career pursuits of Afro-Caribbean women are expanding (Baptiste, Hardy & Lewis, 1997), which may affect women's relationship roles.

Moses (1977) conducted a qualitative study that looked at female status and male dominance on the Caribbean island of Montserrat. Her sample included 27 Afro-Caribbean women divided into two groups based on educational and occupational status (SES): skilled and unskilled. In the "skilled" group were those women whose education included completion of high school and at least some technical and/or university training. This skilled, or middle-class, group held such jobs as teachers, nurses, social workers, clerical assistants and "beauticians." Women in the "unskilled," or working-class, group had 6 or fewer years of education and were employed in jobs such as store clerks and farmers. Moses found agreement among all the women that men should be head of the family.

Women in the middle-class group reported feeling that their educational attainments conferred greater social mobility, better housing, and increased income, but still considered themselves subordinate to their husband. Apparently, at least some middle-class Caribbean women were willing, in the 1970's, to internalize traditional roles (i.e., raise children, care for male partner and home, accept decisions handed down by their partner) even though they were financially contributing to the household. In many intimate relationships in the Caribbean, men view women as solely responsible for maintaining the household, raising the children, and caring for and remaining faithful to their spouse, whereas men perceive it to be acceptable to engage in extramarital sexual relations (Moses, 1977). Viewing women as subordinates is one of the foundational tenets of Caribbean male socialization (Clarke, 1997; Hadeed & El-Bassel, 2007).

When a woman is in an intimate relationship it is commonplace for her to want to be regarded by her partner as being able to provide valuable and positive contributions to the

relationship and to be appreciated by her partner for those contributions. This idea will find global support among most women regardless of ethnicity, tradition, or cultural mores. However, the method in which these contributions are demonstrated can vary significantly when viewed from a cultural perspective.

Afro-Caribbean women's views about their intimate relationships, let alone the way women see themselves contributing to their relationships, have not been widely studied. Hence, there is no empirical precedent for predicting how these women will report contributing to the success of and expressing fulfillment versus violation of their expectations for their relationships.

#### **1.4 AFRO-CARIBBEAN CULTURE AND WOMEN'S REPORTS ABOUT RELATIONSHIP FUNCTIONING**

Researchers have noted a contrast in Eurocentric and Afrocentric value systems in that the Eurocentric value system gives some importance to individualism and independence while an Afrocentric value system tends to emphasize collectivity and sharing (Pinderhughes, 1982). Societal norms within the Caribbean culture groom women to accept relationship standards in which intimate relationship roles are quite traditional. Domestic tasks such as providing for her family's practical needs (i.e., meals, home maintenance, child care) and caring for her husband's needs (i.e., meal preparation, household maintenance, physical and emotional needs) punctuate much of the standards involved in the Afro-Caribbean women's early training. As an Afro-Caribbean woman who both experienced and observed the Caribbean culture, I have found that Afro-Caribbean women characteristically contribute positively to their relationships through acts of service (i.e., preparing meals, maintaining cleanliness and order in the home, and other tasks

typically found in traditional relationships). These acts of service are part of a tradition that is used for grooming young women for marriage and is traditionally passed down from mother to daughter. In my own youth I recall being taught several skills for establishing my own home and for providing for the needs of my future partner by my mother. My grandmother, who also participated in my training, was particularly prudent about passing on laborious skills such as hand washing all clothing in the backyard, although there was a perfectly useful washing machine in the home. For many Afro-Caribbean women, being able to provide acts of service or care for the home without the assistance of modern conveniences and preparing meals from scratch is highly valued.

When Afro-Caribbean women experience less satisfaction or violated expectations in their relationships, many may continue to feel a sense of duty to provide traditional acts of service (i.e., caring for her home, preparing meals). They seem unlikely to openly report dissatisfaction or violated expectations and may continue to contribute “positive” behaviors. They also seem unlikely to admit any “negligence” in maintaining their acts of service. However, dissatisfied women may be more open about critical behavior and attitudes, without acknowledging dissatisfaction or violation of expectations. For example, it is not uncommon for an Afro-Caribbean women to refer to her husband as “disgusting” (an expression used to convey that he is getting on her nerves) or to endorse negative behaviors in the relationship such as, “I will beat him with a broomstick” or “me nah goin say nut-ting (I am not going to say anything), let he go on, I goin do for him” (let him continue in what he is doing to upset me and I will get back at him, in some way, when the opportunity arises). In other words, Afro-Caribbean women who might be expected to be more dissatisfied in their relationships may not report dissatisfaction/violation of expectations or failing to provide care/service for their partners, but

they may be willing to endorse having critical attitudes about and negative behaviors toward their partner.

Although Western women can appear, at least to some extent, at ease about discussing their intimate relationships, speaking openly about intimate relationships is not something that traditional Afro-Caribbean women are comfortable doing. Given that Afro-Caribbean women's "worthiness" is closely tied to their acts of partner and family service, experiences of dissatisfaction can be eclipsed by societal expectations, partner expectations and, in some cases, even her own, culturally shaped expectations about caring for her partner's needs. Because of Afro-Caribbean women's strong traditional relationship values, many may prefer to publically report their relationship status in positive ways than to convey feelings of dissatisfaction which may be viewed as a lack of skills on their part to successfully manage their relationships. If a woman is dissatisfied in her relationship and chooses to remain in that relationship, she may be inclined to silence her concerns and/or to exhibit a sense of fortitude that supports her decision to stay.

There is limited systemic information about how Afro-Caribbean women feel about their intimate relationships: what expectations they have for their relationships, whether or not they meet their expectations, what their level of satisfaction is in these relationships, and in which behaviors they openly report engaging to maintain the relationship. These unanswered questions point to the value of studying Afro-Caribbean women in relationships, not only because it adds ethnic diversity to the literature on partners in close relationships, but also because it provides a voice for Afro-Caribbean women who are often undervalued in their own patriarchal culture (Baptiste, Hardy & Lewis, 1997; Barrow, 2001; Gregory, 2008).

The current study was designed to address the female perspective within Afro-Caribbean intimate, heterosexual relationships. To date, there has been very limited empirical representation of the views of Afro-Caribbean women about their intimate relationships and what individual and relationship factors may account for variation in what they report. This study represents one attempt to begin filling this empirical gap.



## **2.0 REVIEW OF LITERATURE**

This investigation represents an effort to understand both how Afro-Caribbean women are likely to report about their relationships and what individual and relationship factors are associated with variation in their reports. Relationship satisfaction is shaped by a variety of individual, interactional and socio-cultural factors. Based on the availability of data on a sample of Afro-Caribbean women, three potential relationship influences will be explored. These are (1) relationship longevity, and women's (2) education, and (3) depressive symptoms. Literature is reviewed in each of these areas. Because there is so little information about relationship reporting among Afro-Caribbean women, a brief review of findings for Western women is provided first. After this, selected international data are introduced. Both provide some historical and cross-cultural background on inquiry related to this topic.

Relationship longevity is relevant to this review of women given that researchers have found that women's intimate relationship satisfaction is associated with the length of time that they remain in a relationship (Cleary & Mechanic, 1983; Glen, 1995; Khawaja & Habib's, 2007). There has been considerable debate among relationship researchers (Levenson, Carstensen & Gottman, 1993; Vaillant & Vaillant, 1993) about patterns of satisfaction over time in relationships that endure. Some early researchers found that marriages that endured tended to show a curvilinear pattern in relationship satisfaction, with higher satisfaction in the early years of marriage, lower satisfaction in the middle years of marriage (Rollins & Feldman, 1970;

Schram, 1979; Spanier & Lewis, 1980; Spanier & Saucer, 1979) which was associated with childbearing (Anderson, Russell & Schuman, 1983; Hudson and Murphy, 1980; Rhyne, 1981; Schumm & Bugaighis, 1986) and co-parenting (Belsky, Lang & Huston, 1986), and then a smaller increase in satisfaction in the latter years of marriage (Gottman & Krokoff, 1989). However, more recent research has documented a simple inverse relationship in which satisfaction is higher in the early years of the marriage and continues to decline as relationships endure (Heaton & Albrecht, 1991; Umberson, Williams, Powers, Chen & Campell, 2005). Therefore it is valuable to ascertain if Afro-Caribbean women's report of relationship satisfaction or the violation of their expectations will change in either way as their relationship endures.

Women's education may also play some role in whether women report their relationship expectations being met or violated. The amount of education that partners bring into the relationship, how comparable couples are in their education attainment, and if one or both decide to expand their education after joining the relationship are educational factors associated with how women report about their relationships (Rogers & Amato, 1997). Research indicates that women with secondary or, post-secondary education, versus no education, report their relationship satisfaction differently. Women with post-secondary education report about satisfaction being associated with behaviors which include being able to contribute to decision making and financial management. Women with less education report that relationship satisfaction is associated with behaviors that aid in preserving practical needs (e.g finances) and also includes being more reserved household decision making (Cherlin, 1979; Janssen, Poortman, De Graaf & Kalmijn, 1998; Kalmijn, 1999; Kalmijn, DeGraaf & Poortman, 2004). Afro-Caribbean women have varied educational backgrounds. To date, there has been no known

record of how these educational differences play out in Afro-Caribbean women's report about their expectations of and satisfaction in their intimate heterosexual relationships.

Finally, the way that women report about their relationship satisfaction is almost certainly shaped by mental health challenges such as depression. Although depression and depressive symptoms can affect anyone across a lifetime they are reported with greater frequency by women than by men (Hammen, 2003; Kessler, 2003; Rosenfield, 1980). The limited research on Afro-Caribbean people and such mental health challenges as depression indicates that Afro-Caribbeans people are less likely to meet clinical criteria for depression but do report some depressive symptomology (Williams, Haile, Gonzalez, Neighbors, Baser & Jackson, 2007). However, little is known about how and if these depressive symptoms influence the way in which Afro-Caribbean women report about their intimate relationship satisfaction, relationship expectations and the violation of expectations. Associations among depressive symptoms and relationship functioning according to Afro-Caribbean women's report will be explored in this investigation.

These three variables, relationship longevity, level of education, and depressive symptoms, are each considered in light of their potential to shape how Afro-Caribbean women perceive and report about their intimate relationships.

## **2.1 WOMEN'S RELATIONSHIP SATISFACTION AND RELATIONSHIP LONGEVITY**

The trend in American marriages over the last 3-5 decades involves significant shifts that raise concerns about marital satisfaction. Approximately 50% of all U.S. married couples face divorce

and an additional 14% experience separation (U.S. Census Bureau, 2000). African American marriages have been found to have higher rates of dissolution than Anglo marriages.

The decline in marital relationships causes one to question what are the basic building blocks in relationships that endure and are satisfying. Intimate relationship longevity and satisfaction are associated with a host of individual qualities and relationship behaviors, which include but are not limited to: being able to adapt to life cycle changes with flexibility (Gottman & Krokoff, 1989), having good communication (Caughlin, 2002), recognizing each other's individual worth, instilling in each other a sense of belonging (Kaslow & Robison, 1996), establishing task equity around the home (Stevens, Kiger & Riley, 2001), jointly developing a financial plan (Kerkmann, Lee, Lown & Allgood, 2000), sharing values (Stutzer & Frey, 2003), expressing appreciation for each other (Fowers, 2001), being able to incorporate extended family members and friends (Sprecher & Felmlee, 2000; Weigel, Ballard-Reisch, 2001), and so on.

Marriages that endure through old age have the potential of affecting the lives of the couple in very positive ways. Statistics indicate, however, that many relationships do not achieve this potential. Orbuch, House, Mero, and Webster (1996) used data from the *Americans' Changing Lives Study* (ACL) (N=3,317) and observed a curvilinear pattern in satisfaction when only looking at relationships that endure over time. They found marital satisfaction and marital duration were negatively associated up to 20-24 years of marriage (mean satisfaction= 4.14, sd=.84). However, among marriages that endured between 35-44 years, the association of marital duration and marital satisfaction became more positive, with a slightly higher satisfaction mean (4.44, sd=.69). The authors suggested that variables such as reduced work load and parenting responsibilities in later life help explain the eventual positive association between duration and relationship satisfaction.

Similarly, Vaillant and Vaillant (1993) reported on data from college-educated American couples (N=169) who were followed for 40 years. Using measures designed to assess relationship concerns pertaining to marital adjustment, *The Grant Study Marital Adjustment Scale* (GSMAS) (which measured disagreements, marital stability) and *The Marital Life Chart* (MLC) which measures marital satisfaction, the authors found a curvilinear pattern for marital satisfaction. They argued that as relationships endure, the lowest or least satisfying period in the relationship occurs during the middle years of marriage. The women reported stressors in their marriage to be associated with parenting during the middle years of marriage. Additionally as these women's relationships endured between the middle (16-30) and later (31-45) years of marriage, women reported experiencing declining satisfaction regarding how they and their spouses resolved conflict.

Although many marriages demonstrate longevity, some do so without producing or preserving relationship satisfaction. There are several theoretical explanations for how intimate relationships that endure are shaped over time. The enduring dynamics model holds that marital interaction processes are established very early in the development of the bond and then continue throughout the course of the relationship. Positive or problematic behaviors that began during courtship are maintained throughout the relationship (Caughlin, Huston, & Houts, 2000; Noller & Feeney, 1998). The disillusionment model suggests that couples enter relationships with limited knowledge about each other and then, as aspects of their partner's behavioral patterns (e.g., negative, routine) gradually emerge, the couple becomes increasingly disillusioned (Clements, Cordova, Markman & Laurenceau, 1997). The accommodation model argues that couples adjust to each other's behaviors as the relationship endures and find ways to accommodate behaviors that are experienced as uncomfortable or even dissatisfying in an

attempt to achieve relationship satisfaction. The assumption here, in contrast to the disillusionment model, is that as a relationship endures over time things become routinized, and there is more tolerance, less conflict, and more satisfaction in the relationship. No doubt all three models have validity for different couples.

Levenson, Carstensen and Gottman (1993) used a cross-sectional study on a predominantly Anglo sample (86% Anglo, 6% African-American, 7% other or mixed race) of 156 participants (age range of 40-70 years, married for 15-35 years) and found that as marriages endure, partners reported that conflicts and disagreements declined, making their relationships more satisfying. Glen (1995) reported that among older couples whose marriages have endured, relationships tend to be stronger and of higher quality.

In other samples, however, relationship dissatisfaction was found to increase or fluctuate over time. Hatch and Bulcroft (2004) studied a sample of 5,448 couples (primarily Anglo) whose ages ranged from 20-79 using cross-sectional and longitudinal data from the *National Survey of Households*. Their results indicate that as marriages endure, marital disagreements and dissatisfaction can increase depending upon the family life stage (e.g., if co-parenting) of the spouses. Couples married between 5 and 20 years with conflict tended to experience increasing conflict and relationship dissatisfaction as the relationship continued.

As an intimate relationship increases in longevity, it generally expands to include the added responsibilities of childbearing, more demanding household management, and financial challenges. When women transition into these roles and experience incongruence between their beliefs about how these responsibilities should be divided, they report more stress (Khawaja & Habib's, 2007) and relationship dissatisfaction (Belsky, Lang & Huston, 1986). Over time as women remain in relationships where they experience an inequitable division of household

demands as stressful, their relationship satisfaction declines (Cleary & Mechanic, 1983). McHale and Crouter (1992) looked at Anglo career women (N=153) with non-traditional attitudes about women's roles (e.g., equitable distribution of household management). Longitudinally, they found that relationship dissatisfaction was associated with inequity in managing household tasks that had not changed over a three-year period.

Research conducted on relationship satisfaction and longevity in the 1970's more consistently indicated that average relationship satisfaction tended to assume a curvilinear path. High levels of relationship satisfaction in the early years of marriage declined, but often returned in the later years of marriage (Rollins & Feldman, 1970; Schram, 1979; Spanier & Lewis, 1980; Spainer & Saucer, 1979). In the 1980's, research continued to document that average relationship satisfaction decreased in the middle (child rearing) years of marriage (Anderson, Russell & Schuman, 1983; Hudson and Murphy, 1980; Rhyne, 1981; Schumm & Bugaighis, 1986).

Using a sample of 369 married women (mean age 44.8 years), Jose and Alfons (2007) studied general life adjustment in Anglo American women. Their results supported previous research that identified a curvilinear pattern for marital satisfaction and relationship longevity. They found that the women who reported more difficulty making marital adjustments also reported lower marital satisfaction. Additionally they noted that woman's reports of lowest satisfaction in the marriage occurred during the middle years of marriage. This supports previous studies indicating that enduring relationships show curvilinear patterns of marital satisfaction.

However, some research indicates that as marriages endure there is a steady decline in relationship satisfaction. VanLaningham, Johnson and Amato (2001) used telephone interviews to collect data on a national sample of married couples (N=1,530) over a 17-year period. The results confirmed that in marriages that endured there was a steady average decline in marital

satisfaction associated with the number of children born. Study participants experienced less relationship satisfaction when children were living at home regardless of their age (i.e. adult vs. school aged children). Having an “empty nest” once children left home was associated only with less decline in satisfaction, not increases, controlling for couple demographics.

Heaton and Albrecht (1991) studied a large, socioeconomically diverse sample from *The National Survey of Families and Households* (N=9,643) and found that longevity and stability in a marital relationship did not correlate with relationship satisfaction. This could indicate either a curvilinear pattern of association or no association. They noted that 7.5% of the women were willing to remain in a stable, unhappy marriage due to such considerations as advancing years, likely economic loss in the event of separation, and the presence of children.

Umberson, Williams, Powers, Chen and Campell (2005) used face-to-face interviews to collect data over an 8-year period on a subsample of about 1,000 individuals who were stably married over the duration of the study (representing approximately 90% of the original sample). The sample consisted of non Hispanic white or African American men and women from a larger national survey, *Americans' Changing Lives*. The participants' ages ranged from 24 to 96 and they had to be continuously married over the 8-year study period. Results showed significant differences across races in initial levels of marital quality but none in the rate of decline across time for stably married couples. Women and African Americans scored lower in their report of positive marital experience and higher in negative marital experience at the outset of the study. Their patterns across time, however, were no different from men and Anglos. Results from a growth curve analysis revealed that, on average, relationships for this sample moved in the direction of diminishing marital quality over the 8 years. Positive marital experiences decreased and negative marital experiences increased over time.



In summary, findings from the literature on women's relationship satisfaction and longevity are diverse. The introduction of children into relationship (VanLaningham, Johnson & Amato, 2001) and unmet expectations (Sabatelli & Cecil-Pigo, 1985) generally lowered relationship satisfaction. Western studies show that women often become increasingly disillusioned (Clements, Cordova, Markman & Laurenceau, 1997) as their partners' negative or unsupportive behaviors emerge over the course of the relationship, leading to diminished marital satisfaction over time (Umberson, Wiliams, Powers, Chen & Campell, 2005). Nevertheless, in some cases satisfaction declines less or maybe even partially recover after children leave home.

The limited information on Afro-Caribbean women and their intimate heterosexual relationships suggests that these women are willing either to remain single (Schreiber et al., 1998) or to play a subordinate role in relationships (Moses, 1977). Although empirical data on Afro-Caribbean relationship longevity are absent or scant, a review of the literature on Westernized samples shows that as their relationships endure, migrant Afro-Caribbean women appear to adjust to their partner's behaviors and adjust their own behavioral contributions to accommodate experiences that may be dissatisfying or uncomfortable, a violation of their initial expectations. Because some Afro-Caribbean women apparently organize their adaptation around a sense of interpersonal strength, they make excuses for (unanticipated) behaviors demonstrated by their mates that may provoke dissatisfaction (Schreiber et al., 1998). Reported behavioral accommodations (i.e., forgiveness, understanding) versus anger or resentment are positively associated with reported relationship satisfaction in women (Levenson, Carstensen & Gottman, 1993).

The combination of limited research on Afro-Caribbean women's intimate relationships and the tendency of Afro-Caribbean women to speak cautiously (or in socially desirable ways)

about their relationships suggests that although women in the current study may experience a decrease in relationship satisfaction as their relationships endure over time, they will generally not report more dissatisfaction or violation of their relationship expectations. The length of their relationships and the extent to which they are willing to report about how the relationship either meets or exceeds their expectations should not, then, be directly associated. This same pattern is expected to emerge when these women report their positive behaviors (e.g., complimenting partner, offering assistance) in their relationships. However, in terms of reporting negative relationship behaviors (e.g., interrupting partner, criticizing), the women who have been in their relationship longer may be more open and less defended. Reporting negative relationship behaviors may be viewed as a way of managing intimate challenges without providing judgments about the status or health of a relationship. Women who report about negative relationship behaviors may be making indirect statements about relationship outcomes that are unpleasant and unexpected without having to report that they have a bad relationship and/or one that violated their expectations.

## **2.2 WOMEN'S EDUCATION AND RELATIONSHIP SATISFACTION**

When couples enter a relationship with a potentially long-term investment, most expect a mutually rewarding exchange that will benefit them economically, interpersonally, and sexually over the course of time. A satisfying long-term relationship is, not surprisingly, associated with greater physical and psychological health (Wilson & Oswald, 2005). However, there are endless personal, interpersonal and circumstantial factors that affect the course of a relationship. One of these is education. How much education each partner brings to the relationship, how comparable

they are in educational attainment, and whether one or both partners pursues further education after joining the relationship will help shape the initial relationship and how it develops over time. Educational achievement and pursuit of further education can affect the duration and quality of intimate relationships (Rogers & Amato, 1997). This is of particular importance from a female perspective considering how women's educational aspirations and career choices have historically influenced and challenged women's traditional roles as mothers and wives.

A traditional belief of many cultures is that if women become educated they will not fulfill their traditional roles as mothers and wives, leading to social breakdown. In the early 1900's some Anglo men went so far as to argue that educated women would become susceptible to brain fever and sterility (see Delemont, 1996). A more common belief was that women who gained higher education (college or higher) would spend significant time away from home, increasing family stress and conflict, undermining marital satisfaction, and enabling a life of singleness and independence (Parson, 1955; Ross & Sawhill, 1975). Indeed, the U. S. Census of Population and Housing reported divorce rates in 1867 to be only .3 per 1,000 but this doubled by the late 1880's as women began to seek out more educational opportunities (Wilcox, 1891).

On the other hand, the higher the education a woman achieves, the greater the cognitive ability of her children (Murnane, 1981), the lower her children's incidence of criminal activity (Lochner & Moretti, 2001), and the better her children's health (Currie & Moretti, 2002; Thomas, Strauss, & Henriques, 1991). However, the pursuit of a college education and/or advanced degree presents a variety of decisions that can influence a woman's interpersonal relationships, such as the decision whether or not to marry, the timing of marriage, and the selection of a partner whose educational and financial achievements may or may not match hers.

Gaining further education after marriage also presents challenges in that it requires women to balance their aspirations with the demands of managing family responsibilities.

Golin's (1997) research on primarily Anglo American women's educational attainment suggested that college attendance improves women's assortive mating. She found that 64% of the women aged 30-39 with 16 or more years of education married college-educated husbands compared to only 11% of women with a high school education. In a 1981 study conducted with 106 female University faculty members, Yogev found the women experienced their marriages, on average, as satisfying. The highly educated faculty women of Yogev's (1981) study generally felt that their spouses were working with them in managing domestic tasks, but reported that the effort was not balanced. The women reported investing 40% of their time to the development of career pursuits, whereas they reported that their husbands were devoting 58% of their time, on average, to their careers. The women also reported spending 60% of their time managing domestic pursuits, while their spouses were investing only 21%. Nevertheless, the participants viewed their educational achievements and careers as having a positive effect on their relationship satisfaction.

Women's attainment of college and graduate education can allow many of them to participate more fully in family financial decision-making, as well as to contribute to the family's income (Gyimah, 2008; Singh & Samara, 1996). These contributions generally require more couple negotiation, however, and thus provide more opportunity for conflict. Even with increased educational pursuits, Vangelisti and Daly (1997) argued that, for a variety of reasons (e.g., women's tendency to demonstrate higher levels of nurturance), women are often viewed as having more responsibility for the success of their intimate relationships. In the struggle to

balance relationship/family demands and career pursuits, intimate relationships may be adversely affected.

Some researchers have found that women with higher education have less stable marriages (Cherlin, 1979; Janssen, Poortman, De Graaf & Kalmijn, 1998; Kalmijn, 1999). In a sample of 1,289 women from the Netherlands, Kalmijn, DeGraaf and Poortman (2004) found that, on average, the higher the education level, the higher the likelihood for divorce. Women with over 16 years of education who held professional, technical or management careers, however, were *less* likely to experience marital disruption. Back in 1980, Housenknecht and Spanier argued that marital disruption in relationships with women who have achieved higher education (five or more years of college) may be associated with men feeling less secure in their relationships, and women having greater economic independence, career commitment, and social support not shared by their partners. Using random digit dialing, Booth, Johnson, White and Edwards (1984) interviewed by telephone a national sample of 2,034 primarily Anglo married women under 55 years old. As wives' income level and career-related responsibilities increased, marital stability and satisfaction decreased. Factors such as division of household labor and spousal interaction were reportedly to blame.

It is clear that there has been significant debate about the partner and family benefit of women's post-graduate educational attainment and career pursuits. Data from the 1970's and 1980's indicated that education beyond college identified women as being at somewhat higher risk of marital dissatisfaction and/or dissolution. Since then, however, as more women attain graduate degrees, high educational attainment is most often found to be either unrelated to marital satisfaction or associated with increased satisfaction. Moffitt (2000) argued for the marital benefits of both spouses having higher education and more lucrative careers.

Using self-report data taken from the *National Survey of Families and Households* on 2,988 married women and their husbands who were non-Hispanic Anglo or African American, Schoen, Astone, Rothert, Standish and Kim (2002) found that wives' level of education had no direct association with marital breakdown. There was however, a slight tendency for relationship breakdown to increase when wives' education level was less than husbands'. In a 15-year longitudinal study of 1,798 African American and Anglo women, Greenstein (1990) found that those women with only a high school education who were also employed full-time were somewhat more likely to experience marital disruption. What about relationship correlates of education for women in other cultures?

### **2.2.1 Relationship Satisfaction, Education and Understudied Populations**

One study of women's education and marital experiences was conducted on 1,842 Indian women (ages 15-39) in Uttar Pradesh, Tamil and Nadu. The author found that women with post-secondary education whose education level matched that of their spouse, reported experiencing *less* marital conflict and intimidation than women who were less educated than their spouses (Jejeebhoy, 1998).

In some cultures, for example Sub Saharan Africa (Kritz & Gurak, 1989) and rural sites in India (Jejeebhoy, 1998), women's inequitable educational and employment experiences prevent them from participating in family decision-making to the extent their male counterparts do. Using data from the *World Fertility Survey* (WFS), in which 60-92% of the women were married by age 20, Singh and Samara (1996) found that education for women in "patriarchal societies" provided exposure to a wider world view, the opportunity to secure paid employment, and delays in age at marriage.

Gyimah (2008) replicated the finding that higher education is associated with delay to marriage. Using a data set from the *Ghana Demographic and Health Survey*, Gyimah (2008) reported that the mean age of women with higher education to marry was 25, versus 19 for women with less education. Women with less education were also more inclined to remain in marriages that were less satisfying as a result of their limited economic resources. Furthermore, Kritz and Gurak (1989) observed that when such women are dissatisfied in their relationships and choose to disrupt them, they are faced with a “traditional African family social system” devised to maintain family lineage, and must transfer parental rights back to the father.

What about understudied populations such as Afro-Caribbean women? While some data exist on Afro-Caribbean women and educational aspirations, there is limited information about how their educational pursuits are related to their relationship satisfaction.

### **2.2.2 Education of Afro-Caribbean women**

Historically education on Eastern Caribbean Islands such as Antigua, St. Vincent, and Barbados was facilitated primarily by churches and government agencies. In the 1950's only about 60% of Eastern Caribbean children attended school on a regular basis. Female attendance was lowest given girls' additional societal expectations for assisting their families with domestic responsibilities (e.g., assisting in caring for younger siblings, other home maintenance tasks). By the 1970's attendance increased to 80% with opportunities for vocational and technical training (Drayton, 1978).

In her qualitative study (N=165) of Eastern Afro-Caribbean women's education, McKenzie (1986) found that women who were 40 years and older (i.e., born before World

War II) had experienced limited educational opportunities and described insurmountable economic challenges. Women between the ages of 30 and 40 reported better educational opportunities than the older group, whereas participants under age 30 (i.e., born since 1950) reported greater educational difficulties. This latter group reported that although they were taught educational basics, these were insufficient to prepare them vocationally or interpersonally. Only a few of the women identified as benefits of their educational experiences increased cognitive development and improvements in opportunities for a livelihood. Similarly, Powell (1986) found that married women on the island of Barbados who attended primary (elementary) school only had the highest representation (60%). Those who went on to pursue secondary (high) school had a lower representation (35%), and women who pursued post-secondary (college) education, the lowest (3.4%). Powell (1986) argued that these married women devoted their time to the management of their homes and families more so than to educational pursuits. It is unknown if the results of these studies would be replicated in 2009 if this study were to be repeated.

Afro-Caribbean women with more (post-secondary) education may report relationship dissatisfaction/violation of expectations and negative contributions to the relationship more openly and candidly, as Western women do. They may report more critical, negative behaviors and more dissatisfaction/violation of their expectations. Researchers have found that when women have higher education they feel more equipped to make decisions about their lives and how they will independently manage them. Therefore concerns that may be present in women with less education, who depend upon their spouses for support, may not be as threatening for women with more education.

As noted previously, some researchers have found that women with higher education (beyond college) have higher rates of divorce (Poortman, 2004; Vangelisti & Daly, 1997). Both



in the U.S. and India, women who acquire higher education participate more fully in financial decision-making for their families and experience greater independence in thinking and in their actions (Gyimah, 2008; Jejeebhoy, 1998). Even if women with higher education assume traditional gender roles in the early years of their marriage, they appear to expand or at times move away from these roles as their relationship progresses (South & Spitze, 1986). In countries such as Ghana, in Sub Saharan Africa, where there is a strong patriarchal tradition, education provides an expanded world view and economic opportunities, and educated women who experience their heterosexual relationships as dissatisfying appear more inclined to disrupt the relationship or delay getting married in the first place.

The limited research on Afro-Caribbean women and the significance of education for their relationships suggests, however, that women in skilled or middle class professions (i.e., completion of high school and at least some technical and/or university training) may be willing to accede to their husband's demands for household management (Moses, 1977). This does not mean, however, that they are satisfied, and they have fewer practical constraints for needing to say so. Increased education may challenge traditions that are central to Afro-Caribbean patriarchy. One would expect, therefore, that the association between women's education and their reported relationship satisfaction will be negative (inverse). Similarly, these women may also report more negative/critical behaviors in the relationship. Despite this, more educated Afro-Caribbean women may continue to endorse positive relationship behaviors due to a pervasive cultural belief about acts of service in a woman's heterosexual relationship role (e.g. "I complain about the least little thing my mate does," "I dismiss my mate's opinions"). For many Afro-Caribbean women the endorsement of positive relationship behaviors may possess a cultural component, however it may also be associated with women's psychological health (Earle, Smith,

Harris & Logino, 1998). Women are viewed by society as being responsible for the health and management of their relationships (Vangelisti & Daly, 1997). Researchers also agree that depressive symptoms are closely associated with women's reports about satisfaction in their relationships (Acitelli, 1992; Genero, Miller, Surrey & Baldwin, 1992). Therefore, to understand women and relationship satisfaction it is important to ascertain the association between satisfaction and psychological adjustment.

### **2.3 WOMEN'S RELATIONSHIP SATISFACTION AND PSYCHOLOGICAL ADJUSTMENT**

There are at least two complementary models about the role of Western women's relationship satisfaction in their psychological adjustment and vice versa: the different cultures model and the different experiences model. The different cultures model (Aries, 1996; Burleson, Kunkel, Samter, & Werking, 1996) proposes that Western women's relationship satisfaction affects their view of self because women tend to center their identities around their romantic relationships. Alternatively, the different experiences model (Acitelli, 1992; Gilligan, 1982) suggests that Western women's expectations of their relationships grow from their roles within the relationship. Many women view themselves as caregivers in romantic relationships who should meet the emotional needs of their partners. However, the fact that women tend to demonstrate higher levels of nurturance than men does not imply that women's expectations are met or that they will achieve more relationship satisfaction as a result (Vangelisti & Daly, 1997). When women's expectations for their relationship are not met, they experience dissatisfaction, which can, in turn, lead to depressed feelings (Marchand, 2004, Wright & Busby, 1997).

According to Earle, Smith, Harris and Logino (1998), women's mental health is affected by their marital status. In their study of mid-life women ages 45 to 65 (using data from the *Health and Retirement Survey*), married women's depressive symptoms went unreported with greater frequency than did those of unmarried-cohabiting or never married women. Both groups in current relationships reported depressive symptoms when dealing with relationship difficulties, but the unmarried women who were living with their partners reported depressive symptoms with greater frequency than married women. The authors argued that marital relationship problems are associated more strongly with depressive symptoms for women than men.

Researchers have found that women who experience depression are less likely to be willing to engage in behavioral contributions that promote relationship satisfaction. In marital relationships where women experience depression, their overall feelings of competence in the relationship are compromised (Marchand-Reilly & Reese-Weber, 2005). Women are viewed by society as being responsible for the success or failure of their relationships, and when relationship behaviors that include intimacy, commitment, closeness, and sharing are challenged by depression, women can view this as a personal failing that supports marital dissatisfaction (Acitelli, 1992) .

### **2.3.1 Women's Relationship Satisfaction and depression**

The American Psychological Association (2009) reports that in the United States approximately 17 million people experience depression or significant depressive symptoms each year. Depression can affect every area of one's life. The World Health Organization (WHO, 2003) views depression as being a central concern for the health and wellbeing of Americans today.

Depression also poses increased difficulty in the quality of life for individuals already struggling with adverse life challenges such as poverty, unemployment and discrimination (U.S. Department of Health and Human Services [USDHHS], 2008; WHO, 2003).

Everyone is at risk of being affected by the constellation of depressive symptoms (sadness, tearfulness, low energy or libido, irritable mood) at some point across a lifetime. However, there is a distinction between the experience of depressive symptoms and being clinically depressed. Clinical depression is characterized by feelings of substantial sadness, irritability, changes in sleeping and/or eating pattern for an extended period of time. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000) when one experiences clinical depression it must last for a period of at least two weeks and include at least five or more of symptoms. Depressive symptoms vary from person to person, but include:

1. Depressed mood all day, nearly every day, as indicated by either subjective report (e.g. feels sad or empty) or observation made by other (e.g. appears tearful)
2. Marked by diminished interest or pleasure in all, or most, activities most of the day, nearly every day.
3. Significant weight changes (e.g., a change of more than 5% of body weight in a month), or decreased or increased appetite nearly every day.
4. Insomnia or hypersomnia (sleeping too much) nearly every day.
5. Psychomotor agitation or retardation nearly every day.
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive inappropriate guilt nearly every day.
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.

9. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

### **2.3.2 Depression and gender**

Researchers have noted that women report experiencing depression and depressive symptoms in greater numbers than do men (Hammen, 2003; Kessler, 2003; Rosenfield, 1980). The National Institute of Mental Health (2008) reports that approximately 6 million men compared to 12 million women each year suffer from depression. It further notes that age at onset tends to peak during the childbearing years. However, there is considerable debate about whether women actually have higher rates of clinical depression or simply report/admit depressed feelings with greater frequency than do men.

### **2.3.3 Theoretical background on depressive symptoms in women**

There are a variety of risk models for depression that outline the role social factors play in women's well being. These social factors provide a rationale for why women may experience depressive symptoms in connection with their intimate relationships (Acitelli, 1992; Genero, Miller, Surrey & Baldwin, 1992; Hammen, 1995; Jordon, 1992; Mann, 1992; Rude & Burnham, 1993; Sperberg & Stabb, 1998). Just three of the models emphasizing connections among social interaction and depression/depressive symptoms are briefly reviewed here.

### **2.3.3.1 Attachment loss and depression**

An attachment perspective on the origins of depression (Bifulco, 2002; Bowlby, 1973; West, Rose, Spreng, Verhoef & Bergman, 1999) suggests that when people experience an interpersonal loss, their view of others shifts toward seeing them as unable to provide relationship security. Women who experience depression associated with interpersonal loss struggle with insecure and vulnerable thoughts about relationships. They view intimate partners as being untrustworthy, expect rejection, experience discomfort with intimacy, but also anxiety about abandonment (Hammen, 1995). Although some women experience depressive symptoms that are related to fear-based thoughts (“Am I good enough for someone to love me?” “If I don’t do what people expect of me will they still care about me?”), there are also women who experience depressive symptoms as a result of constantly trying to please their significant other. The latter are “people pleasers” who experience validation in their relationships when they please others, hoping that the behaviors will be reciprocated. If they are not, these women may respond with self-deprecation and/or depression.

### **2.3.3.2 Self-in-Relationship and depression**

Several researchers have emphasized that relationship experiences are one of the key elements to women’s identity development and psychological growth (Gilligan, 1982; Miller, 1991). Women appear to experience a loss of their sense of self and self value when their attempts to achieve mutuality and intimacy in relationships are unsuccessful (Acitelli, 1992; Fletcher, Fitness, & Blampied, 1990; Jack, 1991; Mann, 1992). Mutuality is achieved in a relationship when partners are able to (1) take an interest in and respond to what is important to each other, while still being able to maintain a separate sense of self, (2) share ideas, feelings and thoughts without feeling excessive need to please the other or having concerns about being manipulated by the other, (3)

respect and support changes in their relationship over time, and (4) maintain their personal sense of self, growth, and authenticity while empowering the other to pursue independent interests.

When women experience mutuality in their relationships they tend to express a full range of positive and negative feelings (e.g., anger or elation) when relating to their partner. They also experience fewer depressive symptoms than women who are not experiencing mutuality in relationships (Sperberg & Stabb, 1998).

### **2.3.3.3 Depressive symptoms and intimate relationships**

Across many cultures and ethnic groups women are viewed as being responsible for the successful management of their intimate relationships, their child(ren)'s socialization, and their homes. Relationship researchers have found that when women experience depressive symptoms, their feelings of competence in managing their intimate relationships are undermined. Women experiencing depressive symptoms may feel that relationship qualities such as intimacy, commitment, closeness, and sharing are absent...and view themselves as being both incompetent and also responsible for the relationship in which they are dissatisfied.

Using a sample of 30 Anglo women (mean age 48 years and length of marriage, 22 years) Marchand-Reilly and Reese-Weber (2005) found that wives' depressive symptoms covaried with perceived relationship closeness and satisfaction, but also with the contributions they themselves reported making to the relationship. Women reporting more depressive symptoms also reported making fewer positive behavioral contributions to their relationships (e.g., wanting to engage in social activities, communicating feelings) and felt more distant and dissatisfied with the relationship.

Women whose depressive symptoms include hostility, irritability, dysphoria, avoidance, and/or aggression may have difficulty identifying adaptive ways to resolve relationship conflict.

Depressed women also experience less pleasure in positive aspects of their relationships that they once enjoyed. Some depressed women report less interest in exchanges of affection that probably helped maintain a more positive relationship (Marchand & Hook, 2000).

In conclusion, connections between relationship functioning and symptoms of depression are well supported by both theory and research. Women who report dissatisfaction in their intimate relationship are also more likely to report depressive symptoms...at least in Anglo samples. Research conducted on Afro-Caribbean immigrant samples in the UK (Shaw, Creed, Tomenson, Riste, & Cruickshank, 1999) suggests an elevated risk for psychiatric disorders (e.g. schizophrenia). In fact in a study conducted to determine the prevalence of psychiatric disorders among African Americans and Afro-Caribbeans in the U.S., Williams and colleagues (2007) used a sample of 1,621 Afro-Caribbean men and women and 3,570 African American men and women taken from the *National Study of American Life*. Results showed that Afro-Caribbean men in the U.S. were more likely to be diagnosed with mood disorders than African American men. In contrast, Afro-Caribbean women had lower rates of anxiety and other mental health disorders than African American women. These researchers further state that native born Caribbean patients tend to report more symptoms of depression. Jackson and colleagues (2007) noted that both African American and Afro-Caribbeans use mental health services at very low rates.

#### **2.3.4 Depressive symptoms reported by Afro-Caribbean Women**

There are only a limited number of studies of depressive symptoms among Afro-Caribbean women. Findings generally are limited to cross-cultural pattern reporting. Comparing symptomatology reported by Afro-Caribbean women in different cultural contexts can provide



some standards of comparison for understanding how native Afro-Caribbean women report depressive symptoms, one focus of one current investigation.

Women who have immigrated to the U.S., Canada, or Europe from the Caribbean tend to report more depressive symptoms than those remaining in the Caribbean. This may be due, in part, to being separated from their social network and native culture, but also to new experiences of discrimination. Many Afro-Caribbeans who leave the Caribbean struggle with issues of immigration, employment, education, and acculturation. In a U.S. study conducted with immigrant Afro-Caribbean women and Afro-American women, Miranda, Siddique, Berlin and Kohn-Wood (2005) found lower rates of clinical depression in immigrant Afro-Caribbean women (N=273) than in Afro-American women (N=7,965). These authors found that the levels of somatic symptoms for Afro-Americans were not, however, more prevalent than for the Afro-Caribbean participants. Lincoln, Chatters, Taylor and Jackson's (2007) study of depressive symptom profiles of native Afro-Caribbean (N=1554) versus Afro-American (N=3,361) women documented a mean level of symptoms for Afro-Caribbean women that was lower than that of Afro-American women.

In the United Kingdom, Shaw and colleagues (1999) found that immigrant Afro-Caribbean women had a higher reported rate of depression than the majority population. In this study, the researchers used a semi-structured interview about help-seeking behaviors, and attitudes and beliefs about illness over a six-month period. Afro-Caribbean women (N=127) had a 15 times higher incidence of clinical depression (15%) than Anglo women (N=103;1%). In general, data indicate that depressive symptoms reported by Afro-Americans are greater than among Afro-Caribbean immigrants, which are, in turn, greater than Afro-Caribbean Natives, Afro-Caribbean 2<sup>nd</sup> generation immigrants, and UK Anglo citizens. This may be more true for

self-reported emotional symptoms (e.g. sadness, irritability) than for somatic symptoms (e.g. fatigue, weight loss or gain).

For traditional Caribbean women, depression tends to carry the stigma of being “crazy” and out of control but, even more importantly, of not being “strong.” Schreiber, Stern and Wilson (2000) conducted semi-structured interviews and over 600 hours of participant observation in Canada of 12 Afro-Caribbean immigrant women over a two-year period who had experienced depression or had recovered from depression and their attitudes toward depression. They found that these women took pride in being able to “manage” any depressive symptoms by using a coping process referred to as “being strong.”

The idea of having to “be strong” (Schreiber, Stern & Wilson, 1998) in relationships may have its underpinnings in times of enslavement when families struggled to maintain emotional balance under continual oppression and as spouses and children were separated. For women to be strong under these circumstances they may have had to endure private pain and suffering while remaining dedicated to the work they had to perform and whatever was left of their families. This type of familial unraveling was commonplace in the historical landscape of Afro-American and Afro-Caribbean marriages, and no doubt shaped socialization for marriage (Darity & Myers, 1995; King, 1999; Pinderhughes, 2002).

Schrieber and colleagues’ (1998) small sample (N=12) unanimously agreed that decreased relationship satisfaction resulted from having to manage their lives and families without gaining needed support from their partners. “Being strong” incorporates ideas such as women should endure suffering privately, women need to understand that life is a struggle, they should not dwell on problems, and painful experiences should be reframed by viewing actions by male

counterparts with compassion. If family or friends were aware of an Afro-Caribbean woman's distress, she was quickly reminded to "be strong."

Although the concept of "being strong" may be culturally supported among Afro-Americans and Afro-Caribbeans, some research suggests that the armor of "being strong" does not allow one to understand one's own emotional vulnerability and limitations. The concept of "being strong" can place women in the untenable position of invincibility, of not having individual needs and/or not suffering from difficult experiences. Furthermore, masking emotions through the process of "being strong" normalizes silent struggling and secret suffering, which can lead to feelings of hopelessness and despondency (Beauboeuf-Lafontant, 2007). As part of the process of "being strong," however, Schreiber and colleagues (1998) reported that Afro-Caribbean women often engaged in diversionary behaviors, such as seeking support through religion, positive thinking, and socializing with friends and family to manage depressive symptoms rather than seeking professional guidance. Active coping strategies such as these may help to lessen actual symptoms. It is worth noting, as well, that Afro-Caribbean women with higher education may be exposed to or feel empowered to make use of more options for responding to and managing their depressive symptoms than women with less education.

Jack's (1991) "self silencing" construct was developed from a longitudinal study of clinically depressed Anglo women and heterosexual relationship intimacy. Jack (1992) argued that women develop cognitive schemas that help maintain intimate relationships by silencing certain negative thoughts, feelings, and actions. Jack went on to hypothesize that not sharing thoughts (e.g. "My partner will appreciate me for what I do", "I must put my partner's feelings before my own") and feelings (e.g. "I don't speak about my feelings in an intimate relationship when I know it will cause disagreement," "Caring for my own needs before my partner is

selfish”) with one’s partner contributes to a decline in self esteem or a “loss of self” that leads, in turn, to the experience of depressive symptoms. Ali and Toner’s (2001) study of depressive symptoms, self silencing, and domains of meaning was conducted on two groups of Caribbean women (ages 18-64) living in either the Caribbean (N=20) or Canada (N=20). These authors found that women living in the Caribbean tended to identify with relationships (e.g. friendships, family, intimate relationships) as central to the way in which they identified themselves, whereas the Canadian Caribbean group reported self-nurturant domains (e.g. career, spirituality) as providing more meaning in their lives. The authors also reported that self-silencing was significantly correlated depressive symptoms within both samples of women. Jack’s (1991) self-silencing theory suggests that women experience self-devaluation associated with depression and depressive symptoms (Thompson, 1995).

The concept of “being strong” among Afro-Caribbean women requires behaviors such as masking feelings or emotions and normalizing private suffering in much the same way as Jack’s (1991) self-silencing construct. Jones and Shorter-Gooden (2003) coined the term “Sisterella” in reference to Afro-American women who feel a need to be strong and suffer quietly. But this interpersonally adaptive process can foster emotional vulnerability, which increases the likelihood of depressive symptoms (Jack & Dill, 1992; Thompson, 1995).

In the Caribbean, reporting any type of mental health challenge, including depressive symptoms, carries the stigma of being “crazy” (Schreiber, Stern & Wilson, 2000). Although expressing depressed feelings may be viewed as being “crazy,” confiding in trusted family or friends is not an uncommon practice. At least some Caribbean women apparently allay depressive symptoms by seeking natural supports in extended family and/or by “somaticizing”

their sad feelings--unconsciously translating emotional sadness into physical complaints (e.g., weakness, headaches, decreased appetite) (Beauboeuf-Lafontant, 2007).

Women who have less educational experiences may be especially unwilling to report depressive symptoms, especially if they are in a position of greater dependence upon their significant other. When women have more education they are typically better prepared to explore options (e.g., psychotherapy, support groups) to manage emotional challenges (McKenzie, 1986). Thus they may be more willing to report feelings of sadness and distress. In the present investigation, it is expected that education will moderate any association between women's reports of depressive symptoms and their reports of relationship satisfaction.

#### **2.3.4.1 Depressive Symptoms and Caribbean Women's Relationships**

In their qualitative study of the 12 Afro-Caribbean women living in Canada, who identified themselves as experiencing or recovering from depression and had post secondary and college degrees, Schreiber, Stern, and Wilson (1998) found these women's views of sex roles to be quite traditional. On the one hand, they are congruent with the sex roles many Westernized women assume (e.g., taking care of their children, partners, and homes). However, for some Afro-Caribbean women the role of caring for one's family is viewed more as an identity than a role. In Powell's (1986) study of conjugal unions, some of her 540 Afro-Caribbean participants agreed that assuming the role of family caregiver was a women's "natural destiny;" others stated, "That's what women are for." Most of the women in the study shared the view that having children made a woman "feel like a woman" in a relationship, and others noted that having children in the home filled an emotional void and reduced loneliness when their partners were away from home. The women in the study reported themselves as experiencing overall satisfaction in their relationships. Leo-Rhynie (1991), provided some rationale for these findings,

noting that even in Caribbean homes where women assume headship (e.g. household maintenance and financial provisions), leadership of the home is often given to the husband if or when he is present. She added that this behavior may be supported by traditional societal expectations about male headship.

Although the assumption of a traditional sex role is germane to many Afro-Caribbean women's relationships, Schreiber and colleagues (1998) found that some of their 12 depressed participants openly reported their relationships to be dissatisfying, citing a lack of emotional mutuality and of task management equity, both of which reflect non-traditional expectations. The 12 women in general viewed their partners as having limited interest in addressing family management and as relying on them for guidance in identifying and addressing family matters. They also agreed that in their relationships they felt sexually "objectified," viewed by their partner as unable to bring any individual value beyond their sexual role to the relationship. The younger women in the sample expressed negative feelings about sexual objectification, but the older women softened their responses by saying, "Times were hard for him," or "He could only do what he could do. Women are the stronger ones."

All 12 participants agreed that learning to manage their families and their lives without relying upon support from their significant other was necessary for personal survival and for the survival of their families. The women shared views about "being strong" and/or needing to develop the skill of learning to get by alone. Some stated that they did not want to, "bother with having a man around" because they wanted to pursue their own interests, whereas others described disinterest in resuming a heterosexual relationship, one woman going so far as stating that "Jesus is my husband now." Schreiber and colleagues (1998) felt that the views of these Afro-Caribbean women about their relationships were linked with their depressive symptoms. It

is also of potential methodological importance to note that researchers found all 12 Afro-Caribbean women reluctant to share their views about their intimate relationships.

The reluctance of at least some Afro-Caribbean women to share their feelings about their intimate, heterosexual relationships may be connected to having traditional views about “keeping family business (problems) in the home,” while showing a strong (i.e., unaffected) exterior (Baptiste, Hardy, & Lewis, 1997; Beauboeuf-Lafontant, 2007; Schreiber et al., 1998). The cultural pressure to “be strong” may help explain why there is such limited information available about how Afro-Caribbean women feel about their relationships, what expectations they have for their relationships, and what other behaviors are believed to maintain intimate relationships. If asked, many Afro-Caribbean women would likely share traditional views about how a marital/cohabiting relationship should be managed. A participant in Powell’s (1986) qualitative study shared her view of marriage as, “Well, I mean, the man is the head of the house. A woman couldn’t be a man; the man is the body here, the important person. The woman is to work alongside of him.” These sentiments apparently are not uncommon values held by many Afro-Caribbean women. But, according to Leo-Rhynie (1997) approximately 30% of Caribbean households are headed by females, which is a pervasive feature of the Caribbean culture. In fact, on the island of Barbados Powell (1986) found that 1 in 3 households was headed by a woman. In her sample of 594, one-third of the women were head of their household. The number of female-headed households, along with the emotions that are associated with self-silencing (Jack, 1991), may also help explain how the concept of “being strong” became a guiding principle in many of the relationships of Afro-Caribbean women.

As an Afro-Caribbean woman, I have myself experienced the social pressure to “be strong.” In my own extended family and friend network, older women rarely, if ever, speak

about their intimate relationships and strategies for establishing and maintaining them. Additionally, in many intimate relationships within Afro-Caribbean culture, open expressions of affection (e.g., holding hands, kissing, saying “I love you”) are not demonstrated in public. On the rare occasion, in my experience, when a male made an overt demonstration of affection, the response on the part of the female tended to mix mild and girlish protest with only the briefest evidence of positive reception (a micro-smile), which appeared to mute her enjoyment of the moment. It is possible that these diffuse gestures of protest may be one way of maintaining a “being strong” stance, by not publically investing much emotional or vulnerable content into the relationship. The conservative public demonstration of affection tends to be generalized in Afro-Caribbean women of varied educational experiences.

Gyimah (2008) reported that women in Ghana with less education tended to remain in relationships that were less satisfying as a result of not having financial resources to provide for themselves. Women with less education may regard themselves as having fewer options in general and may not be inclined, as are women with more education, to convey depressive symptoms in any form, regardless of intimate relationship functioning and satisfaction. No association is expected, therefore, between depressive symptoms and relationship functioning for Afro-Caribbean women with only a high school education or less. Among those women with post-secondary education, dissatisfaction with their intimate, heterosexual relationship should covary more directly with reported depressive symptoms. It is therefore expected that the association between depressive symptoms and relationship satisfaction in this sample of Afro-Caribbean women will depend on women’s education level. The association may be significant only for women with at least some college experience.



## **2.4 STATEMENT OF THE PROBLEM**

How do Afro-Caribbean women perceive managing their relationships...and their feelings about them? In a research context, do Afro-Caribbean women admit experiencing relationship disappointments and/or feelings of sadness or distress? Is there enough variation in either one to be associated with the other? Do Afro-Caribbean women acknowledge their own contributions to dissatisfying relationships: adding negativity or failing to be supportive?

These unanswered questions point to the value of studying Afro-Caribbean women's views about relationships and self-reported depressive symptoms, not only because it adds ethnic diversity to the literature on depressive symptoms and close relationships, but also because it provides a voice for Afro-Caribbean women who are often undervalued in their patriarchal culture.

The importance of looking at intimate relationship satisfaction and depressive symptom reporting among Afro-Caribbeans and other ethnic groups is also an important endeavor from a therapeutic perspective. Many of the treatment modalities that have proven useful in providing support for marital/intimate relationships in Western society may have limited generalizability to populations that espouse different sociocultural norms for intimate interaction.

One qualifying note should be added to this review of literature. In all reviewed cases of quantitative studies, the measures used were invariably developed to examine the relationships of Western (i.e., Anglo American) women. It is possible that use of a Western measure on a Caribbean sample may not allow for valid cultural influences to be recognized when addressing issues of relationship satisfaction/violation of expectations and depressive symptoms among women who may have different ways of conceptualizing their intimate relationships.

The purpose of this study is to examine the degree to which women of African descent in the Caribbean report both positive and negative behavioral contributions to and satisfaction with their intimate heterosexual relationship, and to explore a few of their correlates.

#### 2.4.1 Hypothesis

##### Hypothesis 1:

There will be **no** association between relationship longevity (in years) and how much women report contributing positively to (Affiliation Scale) and having their expectations met (MCLI) in intimate relationships. There **will** be a positive association in terms of describing their own critical, negative behaviors in the relationship (Control scale).

##### Hypothesis 2:

The association between women's education level and how much they report contributing positively to (Affiliation Scale) and feeling satisfied (MCLI) in intimate, relationships will be **inverse**. A **positive** association will likely emerge for education and negative/critical behaviors (Control Scale) in the relationship.

##### Hypothesis 3:

There will be a **positive** association between depressive symptoms and education, with more depressive symptoms reported by women with post secondary education (college or higher), fewer symptoms by women with less.

##### Hypothesis 4:

The association between depressive symptoms and relationship satisfaction (MCLI) will be **moderated** by women's education. There will be a positive association for more educated women, but no association for less educated women.

### **3.0 METHODS**

#### **3.1 SAMPLE**

The sample used in this study was taken from a larger study of body image, for the purposes of which 312 women from the island of Barbados were recruited. The sample was drawn from neighborhoods located in the Parish of Christ Church on the southeastern part of the island. A total of five neighborhoods were randomly selected from all neighborhoods within the parish. A random sample of households was then selected from the targeted neighborhoods. Selected households were visited to determine if an eligible female was in residence. To be eligible for the larger study, women had to be: of Afro-Caribbean descent and between the ages of 20 and 55. Study representatives visited each home at different times during the day to increase the likelihood of finding someone at home.

From the larger sample of 312 women, a random subset of 184 (59%) were administered the relationship measures. However, of the 184 women, 126 (69%) of these women reported their relationship status as single, divorced or separated. Of the 58 remaining women who reported their marital status as being married or a member of an unmarried couple, 4 (7%) were not in their relationship for at least one year, leaving 54 women. One of the 54 women did not complete the relationship satisfaction and behavioral contributions measures. Therefore, 53 women constitute the sample for the current investigation.

This subsample represents only 17% of the original sample of women recruited on Barbados, and probably cannot be considered representative of Afro-Caribbean women with cohabiting partners on Barbados.

Forty-one (77%) women of this sub-sample reported being married, whereas 12 (23%) reported being a member of an unmarried couple, numbers that are the reverse of national averages for marriage and cohabitation. The women had been living with their spouse or partner for 11.4 years ( $SD=6.4$ ) on average, with a range from 1 to 30 years. In terms of education, 15 women (28%) reported having a college education or graduate work, 37 women (70%) completed high school or vocational school, and just one woman (2%) had no more than an elementary education. To create a more homogeneous working and middle class sample, analyses were also conducted excluding this one woman. The women' occupations were also diverse: 43 women (81%) were employed in occupations varying from maid to machine operator, to sales executive; 6 women (11%) reported themselves to be homemakers and 4 women (8%) were unemployed.

This sample, in other words, probably best represents women on the island who have secondary and post secondary education and who are employed outside of the home. The demographics of this sample may work against predictions, given the limited variability in education status. These women do not provide a good representation of the Afro-Caribbean women on the island who have less education and lower or no employment status.

### **3.1.1 Design and Procedures**

This is a cross-sectional, structured interview study of Afro-Caribbean women from Barbados. Interviews were conducted in participants' homes by African American undergraduate students who took part in the Minority International Summer Training (MIRT) Program at the University of Pittsburgh. Students were each paired with a local Barbadian resident who functioned as a cultural liaison on each home visit. Undergraduate students and local liaisons were provided two weeks of training on administering the battery of questionnaires used in this investigation. The interviews were conducted in a private location within the home and often when the target women's significant other was not in the home.

### **3.1.2 Measures**

Most of the measures used in this study are grounded in Social Exchange Theory, developed on and for Anglo, heterosexual couples (Thibaut & Kelly, 1959). Social Exchange Theory focuses on the "give and take" process in a relationship. The basic assumption of this theory is that individual partners are trying to maximize their gains (i.e., have expectations met) in relationships. It explains feelings about a relationship in terms of both perceptions of fairness and prior expectations of the relationship (Thibaut & Kelly, 1959).

*Marital Comparison Level Index (MCLI).* This instrument was developed by Sabatelli (1984) to assess partner-perceived satisfaction with the quality of an intimate (Anglo) relationship. The approach used on the MCLI involves comparing how the perceived quality of an intimate relationship measures up to that partner's expectations. The instrument focuses on marital complaints believed to result when one's experiences of a relationship fail to meet one's

expectations of it (Sabatelli & Barite-Haring, 2003). The extent to which this measure exhibits cross-cultural validity is unknown. It was however, selected by Afro-American researchers for use in this Afro-Caribbean sample.

The MCLI is composed of 32 items rated on a 7-point scale to assess how marital experiences relate to prior expectations of the relationship. Item examples include satisfaction with: “the amount of companionship” and “the amount of responsibility your partner accepts for the household tasks.” Response options range from “everything is worse than I expected,” to “everything is better than I expected.” Internal consistency of the MCLI items was reported to be .93 for a U.S. sample of 301 upper middle-class, well educated (16.2 years of education and above) male and female married partners (Sabatelli & Cecil-Pigo, 1985). Validity of the instrument was demonstrated by Marchand (2004), using the MCLI on a sample of 64 Anglo, middle-class women, ages 26-53. Marchand found that when women reported being insecure about their relationship and acting in angry ways, their relationship satisfaction was lower.

Three items were removed from the MCLI measure for this investigation. Because Afro-Caribbean women have such limited experience with research, especially research conducted on romantic relationships, the investigator elected to remove the 3 items concerning sex. The invasive nature of these questions may have caused participants to resist or decline further study participation. The 3 sex items removed from the original measure concern satisfaction with: (3) “the amount of sexual activity that you experience,” (15) “the amount of interest in sex your partner expresses,” (24) “the amount that you and your partner discuss sex.” Internal consistency of the 29 MCLI items used for this study is .82 (Cronbach’s Alpha).

*Taylor’s Affiliation & Control Inventory.* This measure was developed by Taylor and McMillian (1996), two African-American relationship researchers, and was validated on urban,

low-income African American samples. However, the theoretical framework for the measure was derived entirely from conceptual models developed on and primarily for Anglo couples, including work by the author of the MCLI. The Inventory is composed of 32 items (16 “affiliation” and 16 “control” items) designed to reflect positive and negative behaviors reportedly used in a romantic relationship. The assumption underlying the scale is that one’s readiness to engage positively with one’s partner is based on both the perception of partner interest and readiness to receive that information.

The inventory’s “affiliation” items range from “I speak positively about my spouse’s personality,” and “I give assistance whenever my spouse requests it,” to “I turn down my spouse’s request for help” and “I point out my spouse’s faults.” Respondents use a 5-point scale ranging from 1 (never) to 5 (always). The inventory’s “control” items range from “I encourage my mate to take on new challenges” and “I listen attentively to what my spouse has to say,” to “I am impatient in explaining things to my mate” and “I insist on my way with my mate.” Internal consistency for the entire 32-item measure in the current sample is .87 (Cronbach’s Alpha).

*Taylor’s Depression Inventory.* This measure was developed by Taylor and Tomasic (1996), and was designed for and validated on urban, low-income African American samples. The inventory is composed of 14 items designed to reflect the experience of depressive symptoms. The inventory’s items range from “I feel happy inside” to “I have lots of activities outside the home.” The internal consistency reliability (Cronbach’s alpha) of the scale in this sample is .76.

It is important to note that although Taylor’s measures were developed for use with low-income, African American samples, the author did not provide any rationale for using them on a low-income sample nor any description about how the measures differ from standard Anglo

scales. No specific items stand out as being different from those on measures for Anglo, middle-class research participants.

### **3.2 ANALYTIC PLAN**

Descriptive information on the three relationship scores completed by this sample of women (MCLI total, Affiliation and Control Scales) is provided first. To test Hypothesis 1, that relationship longevity is not associated with Afro-Caribbean women's reported relationship satisfaction, a correlation between years in the relationship and relationship satisfaction was computed. To test whether relationship longevity is associated with more negative/controlling behaviors reported by Afro-Caribbean women but not fewer positive/affiliation behaviors, two additional correlations were computed. The first was between positive behaviors and relationship longevity, the second, between negative behaviors and relationship longevity.

To test Hypothesis 2, that women's level of education is negatively related to their reported relationship satisfaction and behavioral contributions to their relationships, two correlations were again be computed. The first was between level of education and reported relationship satisfaction and the second, between level of education and overall behavioral contributions to the relationship.

To test Hypothesis 3, that more educated Afro-Caribbean women endorse more symptoms of depression on a questionnaire, both descriptive and inferential statistics were used. First, descriptive information on depressive symptom scores were provided for the sample as a whole (mean, sd, range). Descriptive information is also provided separately for women who do



or do not have education beyond high school, and a t-test was conducted on the two means. Finally, a correlation was computed between women's level of education and depressive symptoms score.

To test Hypothesis 4, that women's education moderates the association between depressive symptoms and relationship contributions and satisfaction, a 2-way ANOVA (education X depressive symptoms) with an interaction effect was conducted. Perceived relationship satisfaction served as the dependent variable. For this analysis, education was recoded as "high school or less" versus "more than high school," and depressive symptoms were recoded as low, or not low. It was decided to collapse continuous data on depressive symptoms because fine discriminations between particular symptoms and/or frequency seemed unlikely to prove meaningful for overall reported relationship behaviors and satisfaction, even among the higher educated women.

## **4.0 RESULTS**

Analyses test for associations among Afro-Caribbean women's report about having expectations met/unmet in their relationships and the extent of depressive symptoms, the relationship's duration, and their years of education. Preliminary analyses provide descriptive statistics on their reported relationship satisfaction and behavior to help understand the sample better.

### **4.1 PRELIMINARY ANALYSES**

Descriptive information about sample scores on all study measures appears in Table 1. On average, Afro-Caribbean women with only secondary versus post-secondary education showed no significant differences in their reporting of relationship expectations/satisfaction. The range of possible responses on the 29-item relationship satisfaction measure (MCLI) was from 1 "everything is worse than I expected," to 7 "everything is better than I expected." Thus, total scores could range from 29 to 203. The actual sample range varied from a low of 69 to a high of 168. However, only 2 women had average item scores below the midpoint of the scale, indicating notable violation of expectations. Overall, MCLI scores were negatively skewed, with most women reporting expectations generally met or exceeded. The mean total score of 142.85 (average item response of a 4.9 out of 7) indicates that, according to their self report, more of these women's expectations were met than unmet in their relationships. The mean score of 60.72

in affiliative behavior indicates that they reported making multiple positive contributions to their relationship. The mean score of 34.34 in control/negative behavioral contributions indicates a pattern of reporting few negative contributions. The affiliation and control scales both use 5-point response scales for 16 items. The sample range of affiliation was 34 to 73 and control was 19 to 51.

Bearing in mind that the scale of depressive symptoms used is not a common or standard instrument like the Beck Depression Inventory, descriptive information on sample scores should first be noted. The range of possible responses on the 14-item depressive symptoms measure was from 1 “not true at all,” to 5 “entirely true.” Thus the total score could range from 14 to 70. The actual sample range varied from a low of 17 to a high of 53. However, only four of the women had average total scores above the midpoint of the depressive symptoms scale, reporting a substantial number of depressive symptoms. In fact, only 8 women (15% of sample) scored at or above 40 on the scale, whereas 15 women (28% of sample) scored below a 30 on the scale. Overall, depressive scores were positively skewed, with most of the women reporting only mild or isolated depressive symptoms.

The mean total score 33.19 (average item response of 2.37 out of 5) indicates that, according to their self report, only a few women consider themselves to be experiencing more than a modest number of depressive symptoms.

All analyses were conducted both with and without the single participant who had only an elementary education. There was no difference in any of the results, so findings are reported for the entire sample, including that participant.

**Table 1***Descriptive Statistics*

Variables	Mean	Median	Std. Dev.	Min.	Max.
Years as couple	11.14	11.00	6.40	1.00	30.00
Relationship Satisfaction	142.85	146.00	17.54	69.00	168.00
Depression Symptoms	33.19	33.00	7.830	17.00	53.00
Affiliation/Positive Behavioral Contributions	60.72	63.00	8.17	34.00	73.00
Control/Negative Behavioral Contributions	34.34	35.00	6.90	19.00	51.00

## 4.2 HYPOTHESIS TESTING

To test Hypothesis 1, that relationship longevity is not associated with Afro-Caribbean women's reported relationship satisfaction, a correlation between years in the relationship and extent to which relationship expectations were met was computed. To test whether relationship longevity was associated with more negative relationship behaviors reported by Afro-Caribbean women but not fewer positive behaviors, two additional correlations were computed. The first was between positive behaviors and relationship longevity, the second was between negative behaviors and relationship longevity.

In all three cases—MCLI total score, positive behavior contributions, and negative behavior contributions—results are not significant. Relationship longevity had no bearing on how these women reported about their relationship behaviors and satisfaction. However, the correlation with relationship longevity was strongest for the MCLI total score,  $r(53) = -.21$ , n.s. and weakest for the two behavioral scores,  $r(53) = -.12$ , n.s. and  $-.11$ , n.s. for positive and negative contributions, respectively. This *pattern* of (non-significant) correlations is opposite to the prediction that the only significant correlation would be between length of relationship and negative behavior the women reported contributing to their relationship. It appears that length of relationship has little relevance to how these Afro-Caribbean women reported their feelings about and, especially, their behavior in their intimate heterosexual relationship.

To test Hypothesis 2, that women's level of education is inversely (negatively) related to their reported relationship satisfaction and behavioral contributions, two correlations were again computed. The first was between level of education and reported relationship satisfaction and the second, between level of education and behavioral contributions to the relationship.

All correlations are non significant, ranging in size from  $-.10$  (level of education and negative behavior contributions) to  $.05$  (education and expectations met in the relationship). To examine the potential importance of gaining/not gaining, post-secondary education, data were also subjected to t-tests. Again, results are not significant. Means, however, are consistently in the direction of Afro-Caribbean women who had post-secondary education reporting more *positive* views of the relationship (expectations more consistently met, more positive and fewer negative behaviors being contributed by the women). None of these differences is significant. Results, therefore, do not support any of the predictions made about effects associated with level of education.

To test Hypothesis 3, that more educated Afro-Caribbean women endorse more symptoms of depression on a questionnaire, a correlation was computed between women's level of education and depressive symptoms score.

The correlation between level of education and depressive symptoms reported is significant, but in the *opposite* direction from the prediction,  $r(53) = -.28, p < .05$ . Women with higher education reported fewer depressive symptoms. Results are stronger when women with ( $\bar{x} = 29.12, sd=7.54$ ) and without ( $\bar{x} = 35.11, sd=7.30$ ) post-secondary education were compared by t-test,  $t(51) = -2.76, p < .01$ . Afro-Caribbean women with than a high school education report fewer physical and emotional symptoms of sadness and distress. In fact, no women with at least some college education scored more than 1 s.d. above the sample mean. The highest scores were reserved were reserved only for women with a high school education or less. Again, findings indicate the need to reject the prediction made.

To test Hypothesis 4, that women's education statistically moderates the association between depressive symptoms and relationship contributions and satisfaction, a 2-way ANOVA (education X depressive symptoms) with an interaction effect was conducted. Perceived relationship satisfaction served as the dependent variable.

Because of the small sample size, both education level and depressive symptoms were converted to binary scores. A high (versus low) level of education was defined as at least some post-secondary schooling (i.e., college). Depressive symptoms, however, were defined as low or not low. The distribution of depressive symptoms was negatively skewed, but roughly bell-shaped, making it inappropriate to use the sample mean as the cut off. Because *no* women with post-secondary education scored in the "high" range of depressive symptoms for the sample—1 standard deviation above the sample mean—depressive symptoms could only be examined in a statistical interaction as low or not low. Low was defined as a Z-score less than or equal to -.5.

None of the ANOVA effects was significant in terms of having relationship expectations met: neither main effects of either education level or depressive symptoms nor the interaction of the two,  $F(1, 49) = .01$ , n.s. for the interaction effect. Although *none* of the differences was reliable, women with post-secondary education had relationship satisfaction means ( $M=149.5$ ,  $M=144.0$ ) above women without ( $M=145$ ,  $M=140.2$ ), and women reporting the fewest depressive symptoms had relationship means above women reporting more. There was no evidence whatsoever that only those women with post-secondary education and, reporting "more" depressive symptoms, would admit to having the fewest relationship expectations met. Results do not, in other words, support the prediction of an interaction effect.

## 5.0 DISCUSSION

### 5.1 BRIEF SYNOPSIS OF RESULTS

The lack of information about the heterosexual relationships of Afro-Caribbean women was the basis for this study. Its purpose was to understand both how Afro-Caribbean women report about their relationships and what individual factors are associated with variation in their reports.

Overall the participants of this study reported that their current relationship had lasted an average of 11 years (range 1 to 30) and that it was generally satisfying/meeting their expectations. These women also reported that their behavioral contributions to the relationship tended to be more positive than negative. A few women reported experiencing a substantial number of depressive symptoms, but most reported only modest symptoms. The duration of their relationships did not explain the extent to which they reported having their expectations met or not met. There was also no significant difference in how women with secondary versus post-secondary education reported about their relationship satisfaction/ expectations. Women with post-secondary education were **not** more willing to report dissatisfaction and, in fact, reported significantly **fewer** depressive symptoms than women with no more than a high school education.



### **5.1.1 Limitations of the Sample and Measures**

Although these data represent some of the first available on Afro-Caribbean women's views about their heterosexual relationship, they are limited in a number of critical ways that affect how one should interpret results. For this reason, limitations need to be presented prior to discussion of study findings. Limitations concern the size and nature of the sample, the validity and meaning of the measures used, the absence of other measures relevant to the topic of this investigation, and the novelty of the research experience for this population.

### **5.1.2 Sample Limitations**

This study was conducted on a small sub-sample of 53 Eastern Afro-Caribbean women from Barbados who do not represent all of Barbados, let alone all of the Eastern Caribbean. The 312 participants of the original study were recruited from just one southwestern, urban region of the island within a five-mile radius of a health clinic (the Randall Phillips polyclinic), the study's coordinating center. The 53 participants in the current investigation, selected on the basis of additional criteria, are unlikely even to represent the larger sample of women originally recruited (who were participating in a study of body image). Therefore, this sample may not have provided a realistic picture of either the typical views or the range of views of women on the entire island. Women who were willing to participate in a body image study may have had views about women and relationships that are more closely aligned with westernized ideals, and/or that are unrepresentative of *traditional* Afro-Caribbean women's values. Another sampling limitation worth considering is that the majority of participants were married, making them unrepresentative of the (more commonly) unmarried Barbadian women in relationships. One

third of Barbadian women sampled by Powell (1986; N=549) were head of their household, whereas less than a quarter of women in the current study would have described themselves in that way.

Ninety percent of Barbadian natives are of African descent. However, this study excluded native women on the island who do not consider themselves to be Afro-Caribbean (i.e., French Caribbean, Hispanic Caribbean, Dutch Caribbean, and American Caribbean). Furthermore, the majority of women in the sample were working class, so data do not represent the perceptions of either upper or lower class Afro-Caribbeans. It may have been useful to have a larger sampling of women at both educational polarities (lower and higher). A larger, more diverse sampling of women's educational experiences may alter associations between relationship satisfaction or depressive symptoms and level of education.

Results, then, may best represent the views of a minority of Afro-Caribbean women from Barbados who are not especially well-educated, but are disproportionately married and willing to participate in a study about body image and heterosexual relationships. This suggests that they are not representative of traditional Afro-Caribbean women's values and attitudes.

### **5.1.3 Measurement Limitations**

It is important to note that the measure of relationship satisfaction used in this study, the *Marital Comparison Level Index* (MCLI), provides information about whether women's relationship expectations are met, just one aspect of relationship satisfaction. Because it is a self-report measure it does not provide information about actual behavior, as an observational measure would. Additionally, the measure was modified to exclude items about sexual intimacy in these

women's relationships. Results may be biased by the absence of these items and also do not provide a complete view of relationship functioning.

The use of Western measures, in general, on a Caribbean sample may pose problems in addressing relationship issues among women whose ways of conceptualizing their intimate relationships are embedded within Afro-Caribbean cultural mores and traditional values. A Western measure may not capture important differences among the women that vary along other socio-cultural features. Administering a measure that would have included words, phrases or relationship concepts commonly used within the cultural vernacular may have lent greater understanding to the women completing the measure and to what they reported.

#### **5.1.4 Novelty of the Research Experience**

At the time these data were collected, the women on the island of Barbados had not typically been exposed to psychosocial research, let alone research focused on body image and intimate relationships. Traditionally, Caribbean women do not speak openly about intimate relationship issues, and tend to normalize their circumstances and speak of their relationships in more socially desirable ways. Scores on the relationship and depressive symptoms measure are, in fact, generally positive...but no more so than one finds in studies of American women (community samples). In a previous investigation using the same sample, the author compared MCLI scores of Afro-Caribbean women with published scores of Western women. There were no mean differences whatsoever (Brathwaite, 2009).

Furthermore, a few women in the Caribbean scored in the upper range on the scale of depressive symptoms (> 40 out of 70 possible points) and the lower range for relationship satisfaction (below the midpoint of the scale), indicating that social desirability was not a

consistent theme in how this sample of women reported their experiences. These descriptive results suggest either that Afro-Caribbean women are no longer traditional in their public descriptions of their emotional and relationship functioning, that Afro-Caribbean women are traditional but this sample of women is unrepresentative of most Afro-Caribbean women, or that the methods and/or the measures used in this investigation failed to capture Afro-Caribbean traditional attitudes and views.

### **5.1.5 Hypothesis Testing**

The findings from this sample of Afro-Caribbean women require rejection of most of the Investigator's predictions about Afro-Caribbean women and their report of relationship expectations/satisfaction. There was no significance in how women with secondary versus post-secondary education reported of their relationship expectations/satisfaction. Factors that have been found in other studies to correlate with intimate relationship functioning, such as the duration of the relationship and partners' level of education, were not found to be relevant to how these women reported about their relationship satisfaction or positive/negative behavioral contributions to their relationships. And although there was some variation in how they reported their experience of depressive symptoms, the association with education was not in the predicted direction and there was no association with relationship satisfaction. Women with no more than a high school education were not, after all, more inhibited than better educated women by practical necessities (e.g. finances, home stability) or traditional coping mechanisms (e.g. "being strong") about reporting feelings of distress/vulnerability, as was originally predicted.

These findings challenge the Investigator's original understanding of Afro-Caribbean women in their intimate relationship functioning in a number of ways. The Investigator had

predicted that Afro-Caribbean women would be more conservative about reporting publically on their mental health and relationship satisfaction. In contrast, respondents provided evidence that Afro-Caribbean women may be willing to share with an unknown interviewer at least a small amount of negative information about their mental health and intimate heterosexual relationships. This suggests that (1) Afro-Caribbean women may always have been like Western samples about sharing intimate information in a research context, (2) may be evolving toward more openness, or that (3) these women are a unique sampling of non-traditional Afro-Caribbean women. Although the measures used in this study may provide an initial understanding of these women and their relationship satisfaction, it is also possible that this and any other sample of Afro-Caribbean women would have reported differently if they were presented with different, more culturally embedded, measures.

#### **5.1.5.1 H1: Relationship Duration**

If the reports of the women in this sample provide an accurate depiction of how they regard their relationships, there is no connection for them between how much their expectations are met and how long the relationship has endured. In the present sample, Afro-Caribbean women's report of their intimate heterosexual relationship satisfaction is not related to the duration of their relationships. Reported behavioral contributions to the relationship--both positive and negative -- were also found to be unrelated to relationship duration.

Researchers using Western samples, in contrast, have found that the duration of an intimate heterosexual relationship has some bearing on relationship satisfaction, although the nature of the association differs across studies. Some researchers reported that as relationships endure over the long term, they can be slightly more satisfying (Orbuch, House, Mero, & Webster, 1996) as some partners become more accommodating and conflict lessens (Levenson,

Carstensen & Gottman, 1993). Other researchers reported that, as time goes by, relationships tend to become more conflicted and routinized, and less satisfying (Belsky, Lang, & Huston, 1986).

The limited information available from tiny samples of Afro-Caribbean women about their intimate heterosexual relationships suggests that these women are willing either to remain single (Schreiber et al., 1998) or to play a subordinate role in relationships (Moses, 1977). If the identity of Afro-Caribbean women is closely associated with acts of service in their intimate relationships, being able to provide these acts may serve as the greater goal for what may constitute a “satisfying” relationship—a relationship meeting one’s expectations—regardless of how long the relationship has endured. Afro-Caribbean women’s expectations/satisfaction may be structured by their acts of service or other traditional norms that are not discernable without tools that allow women to define relationship satisfaction in their own terms.

Historically, “formal” marriage was not the strongest feature of the Afro-Caribbean family structure. It is possible that the lack of association between satisfaction and the length of relationship may be predicated on these traditional standards. Satisfaction may be less about the duration of the relationship as opposed to the amount of success that women experience in being a partner who is willing to fulfill roles of caregiving, childbearing and home maintenance.

Perhaps their feelings about the relationship simply do not systematically change as the relationship endures over time. Other variables, such as their belief about their role in the relationship or their values and priorities in a relationship, may be more relevant to how Afro-Caribbean women feel about their relationships than simply the number of years that the couple has been together. Alternatively, this sample may be unable to provide a view of how a

traditional sampling of Afro-Caribbean women would have responded to the measure in relation to the longevity of the relationship.

#### **5.1.5.2 H2: Educational Level**

Although the results showed that education among these Afro-Caribbean women does not have a linear pattern of association with any of the reported relationship variables, the mean satisfaction of women with post-secondary education was, if anything, slightly more positive, which is a clear refutation of the Investigator's prediction. It may be that more educated Afro-Caribbean women in the full population actually conceptualize their relationship and experiences more positively than less educated women due, in part, to feeling empowered about their ability to contribute to and engage in decision-making.

According to Gyimah (2008), women with more education are able to participate more fully in providing for the practical needs of their families (i.e. finances) and in decision-making. The Investigator hypothesized that Afro-Caribbean women with education beyond high school would be willing to endorse negative behaviors in their relationships, but would also feel obliged, like their less educated counterparts, to publically endorse the general health of their relationships in positive ways. One explanation for the contradictory result may be that these more educated Afro-Caribbean women actually experience less conflict in their intimate relationship and therefore feel more positive about it. Jejeebhoy (1998) reported that women with more education in India had less marital conflict than those with less education.

The key to educational effects, in other words, may not be more openness about negative perceptions, but whether greater education translates into fewer day-to-day socioeconomic stressors, greater self-esteem, and/or a partner with more flexible ideas about women's relationship roles.

### **5.1.5.3 H3: Depressive Symptoms**

It was expected that Afro-Caribbean women, more so those with no more than a high school education, would be less willing to endorse psychological vulnerabilities (feeling sad or unable to carry out daily activities) and/or discomfort in their relationship for practical reasons such as limited alternatives. Based on their qualitative research with a small sample of Afro-Caribbean women, Schreiber and colleagues' (1998) believed that the women tended to address difficult experiences in relationships by using coping mechanisms such as "being strong." This is consistent with the Investigator's own experiences as an Afro-Caribbean woman. However, it appears that Schreiber et.al's sample of women likely differs in important ways from the present sample, in which some women endorsed more pervasive or isolated severe symptoms of depression. This suggests, again that the present sample may be unrepresentative of traditional Afro-Caribbean women.

### **5.1.5.4 H4: Depressive Symptoms and Relationship Satisfaction**

The result that there is no statistical interaction between education and depressive symptoms for relationship satisfaction/expectations was also counter to predictions. Women with more education had no stronger an association between depressive symptoms and relationship satisfaction than women with less education. One explanation is that women with education beyond high school, even if more willing to endorse indicators of psychological vulnerability, could be more secure in their contributions to the relationship and actually experience their relationships as generally meeting their expectations and their depressive symptoms as few.

In general, findings for this sample of Afro-Caribbean women suggest that although women in Western research samples may come from vastly different cultural backgrounds, typical level of satisfaction and the variables that affect them may not be as different—at least



for research participants—as cultural influences would suggest. Brathwaite’s (2009) study of relationship satisfaction in this same sample of Afro-Caribbean women found that when comparing the reported satisfaction of this group of women with previously published, Western studies using the MCLI, scores appeared to be comparable. On average, Afro-Caribbean women, like Anglo women, report that their relationship expectations are generally met in their current heterosexual relationship.

Psychosocial research on Afro-Caribbean populations has been focused primarily on mental health challenges (Williams, Haile, Gonzalez, Neighbors, Baser & Jackson, 2007). Perhaps understanding mental health challenges of Afro-Caribbean adults will provide the impetus for new and expanded research in other areas of psychosocial functioning, such as intimate relationships. There is much more to learn about how the intimate heterosexual relationships of Afro-Caribbean’s function and what role ethnicity may or may not play.

### ***Summary***

In summary, results of this study—if valid and generalizable (important qualifiers)—present an unanticipated, “Western” view of the traditional Afro-Caribbean female and how she reports about herself and her intimate relationship. The women in this study generally reported, like Western women, that their relationships met their expectations (whatever those expectations may have been), that they contributed more positive than negative behaviors to the relationship, and that they experienced mostly mild or infrequent depressive symptoms. These results could indicate comparable levels and functions of socially desirable responding across cultures or, more idealistically, relatively healthy and satisfying experiences among women who volunteer for psychosocial research studies. Unlike findings for at least some Western samples, however, neither relationship duration, women’s level of education, nor the extent to which they reported

depressive symptoms covaried with whether they reported that their expectations were met or not. In other words, this study did not shed light on possible sources of Afro-Caribbean women's relationship satisfaction, although it potentially ruled out a few.

So what may be the primary sources of Afro-Caribbean women's reports about their met and unmet relationship expectations? Obviously, actual quality of the relationship—whether defined in Western or Caribbean terms (if they differ)—may be a primary influence. But at least as important as actual relationship quality may be women's own personality characteristics: high “agreeableness,” low “neuroticism” or “negative affectivity,” and general optimism (John & Srivastava, 1999; Tellegen, Watson, & Clark, 1999). These factors help shape how individuals experience social interaction; whether, for instance, an uncommunicative spouse is typically perceived as restful, resentful, unique, frustrating, or uncaring; whether one's relationship expectations are reasonable and generally met, or unreasonable and rarely met. These factors surely have cultural variations, but the same basic personality traits, which appear to work in the same general way, emerge across samples and cultures.

A source of relationship satisfaction perhaps more unique to Afro-Caribbean women may be knowing that one has been diligent in performing the “acts of service” valued in women of that culture. It is not, however, as if some (if not many) Western wives do not take pride in cooking nourishing meals for their partners, keeping their homes spotless, and/or bringing up “well-mannered” children. In other words, the **primary** factors that shape relationship satisfaction—especially in terms of having one's expectations met—may not differ widely across culture. What might be defined as **secondary** (read, “less straightforward”) factors, like relationship duration, women's education, and non-clinical levels of depressive symptoms, may depend so much on qualifying circumstances (whether the enduring relationship is filled with

conflict, whether one's partner has a comparable level of education, whether depressive symptoms occur in the absence of stressful events and conditions), that findings are not consistent from sample to sample even when drawn from the same population. The inconsistency of results concerning these three factors, summarized in the review of literature, certainly suggests that their role in relationship satisfaction is less than straightforward.

#### **5.1.5.5 Future Research**

Because of its methodological limitations, this study represents only a small contribution to the limited information available on Afro-Caribbean women's reports about their intimate relationships. Although published literature addresses issues pertaining to Afro-Caribbean women's migration, history of slavery and education, a gap continues to exist on issues pertaining to intimate relationship functioning.

It might be useful for future studies to adopt an ethnographic approach that may addresses some of the ways in which Afro-Caribbean women may incorporate coping styles into their relationships. A longitudinal, ethnographic study that includes both observation and self-report measures may provide deeper understanding of cultural differences that can be missed in the way that women of the Caribbean and other cultures report about their intimate relationships on what could be a culturally misaligned assessment tool. As research continues to expand in this area it may be useful for researchers to consider developing a measure designed to identify specific relationship patterns of Caribbean people that reflect their different cultural standards, attitudes, and values. An approach that allows immersion in the Afro-Caribbean culture and open observation and/or interview of Caribbean women in their relationships may provide greater insight into the beliefs, attitudes and customary actions that support their intimate relationships.

Additionally, an ethnographic approach often offers a better opportunity for developing participant trust in the researchers, a potentially crucial point given the novelty in the Caribbean of this type of study and its questions about sensitive, intimate relationship issues.

Results of this study are based on single-source data (in this case the female partner). Using a single source of data provides only one perspective on the relationship and cannot be generalized to the other partner or to an outside observer. Including Afro-Caribbean men in future investigations may provide insights not only about what constitutes his relationship satisfaction, but also about how he perceives his role in the relationship, as well as traditional expectations which may be socio-culturally imposed by female counterparts. Expanding research to include Afro-Caribbean men may also provide opportunities to access complementary information about the perception, cultural standards, and ideal demonstrated by Afro-Caribbean women, regarding their role in successfully meeting the needs of their partner in intimate heterosexual relationships.

## 5.2 CONCLUSIONS

Results of this study suggest the need for further investigation of how Afro-Caribbean women experience and perceive their intimate heterosexual relationships. The selection of (Western) measures and forced choice method of collecting data may have restricted how these women responded. Results would probably differ if participants were allowed the opportunity to freely describe and speak about their relationships, to add their own voice to the information gathered. Incorporating methods that would include naturalistic observation and open dialogue may have yielded results richer, more insightful, and culturally robust.

Again, the constructs investigated in this study (relationship duration, women's education and depressive symptoms) may not have been the most useful for investigating the intimate heterosexual relationships of Afro-Caribbean women. An ethnographic approach allows participants to describe in their own words what influences on the relationship they believe are important. Another approach would be to have women identify what they find to be satisfying and dissatisfying in their relationships, and then ascertaining if these qualities are part of their cultural traditions. If the role of caregiver is closely aligned with how Afro-Caribbean women organize their conceptions of being a woman and partner, research could include looking at how women are socialized by their culture to assume the roles of wives and how they find satisfaction in a relationship that has been assigned numerous socio-cultural ideals.

In summary, this study supports the need to develop more ecologically valid research into the relationship functioning of Afro-Caribbean women and women from other cultures in general. Just as a counselor or clinical psychologist with unexamined ideals of social or psychological functioning does a disservice to his or her clients, even those clients of the "same" culture, so, this study suggests, a researcher who takes measures published in Western journals

as valid for most, if not all, ages, sexes, and cultures potentially does a disservice to his or her field of inquiry. Social and cultural paradigms need to be investigated with an open mind before similarities or differences across cultures can be adequately drawn. It is only at that point that a tool from one culture can be considered for use in another culture, recognizing that its use automatically requires a whole set of interpretation questions to be raised. Being “sensitive” to cultural differences means having to step outside the box of one cultural paradigm to consider a shift of perspective that may only be subtle, or may be quite dramatic. Cultural “sensitivity” is a true challenge for professionals in all fields of social and psychological science.

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